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ABSTRACT

Although research documents the adverse effects of parental divorce on children, there is little information on clinical intervention for this population. To empirically test the effectiveness and relative contribution of differing treatments, a program of planned, brief (6 weeks) intervention, aimed at altering children's negative attitudes or expectations to divorce and stimulating alternative coping strategies, was implemented. Subjects (N=80) were randomly assigned to one of six experimental groups: parents only, 2 groups; children only, 2 groups; concurrent but separate parent and children groups, 2 groups or to one of two control groups. Data on such variables as emotional adjustment, self-esteem, locus of control, and behavioral functioning were collected at four points: at pretest following intake, during the program, 2 weeks after conclusion, and at 3- or 6-month follow-up. The results showed that overall, experimental children showed greater gains on the program goals of acceptance and adaptation, and their improvement encompassed more areas of functioning than that of control group children. The findings demonstrate that for the majority of children who experience family change long-term traditional psychotherapy is not warranted. (The five chapters of this report describe in extensive detail the intervention model, the experimental design, and the research results. Numerous data tables and charts supplement the text. A A nine-page bibliography concludes the document). (MCF)

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CHILDREN IN FAMILIES EXPERIENCING SEPARATION AND DIVORCE: AN INVESTIGATION OF THE EFFECTS OF BRIEF INTERVENTION

RHONDA FREEMAN

FAMILY SERVICE ASSOCIATION OF METROPOLITAN TORONTO

1984

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Rhonda Freeman, M.S.W.

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CHAPTER I: THE MODEL FOR INTERVENTION

A. BACKGROUND

It has been projected that forty percent of all Canadian children will live in a single parent home (Ambert, 1980), making the task of promoting child adjustment one of national importance. During the last decade the Family Service Association of Metropolitan Toronto (the Agency) has become increasingly aware of the impact of the phenomenon of family change. Consequently, the Agency has been concerned about helping children and families cope with the vicissitudes associated with this life crisis.

For a number of years, the Agency has offered a special program entitled "Coping With Life: The Child's Perspective". That program consists of a series of six custodial parent group sessions run concurrent to but separate from six children's group sessions. The focus of the program is helping the child cope with separation and divorce. The popularity of this program, offered several times a year, is evidenced by the continuous stream of telephone calls from people who wish to participate and by positive feedback from both parents and children. This child focused intervention program can best be described as a blend of therapy and family life education which is firmly rooted in the notion of prevention. It was originally offered as a program to supplement an ongoing marital and family counselling service. It was never conceived of as the only approach possible or necessary. For some children, it has been used as an adjunct to treatment, either at the beginning or the end of a more intensive and longer term therapeutic encounter. For the majority of families we have

assessed, it has met immediate concerns and been an excellent means of helping children to cope with an increasingly common life crisis.

A thorough search of the professional literature spanning several years has revealed studies which document the adverse effects of parental divorce on children (most notably Wallerstein and Kelly, 1980), but a paucity of information regarding clinical intervention with children experiencing separation and divorce. Little attention, until recently, has been paid to what happens to the children, and even less consideration has been given to what kinds of intervention are meaningful for children in families experiencing separation and divorce. Interest in this area has been steadily growing but has tended to focus on advice given in the popular literature (for example: Women in Transition, 1975; Weiss, 1975; Rabkin, 1978) and on describing the problems encountered (for example: Felner, 1978; Gardner, 1977; Kelly and Wallerstein, 1976).

The last seven years have witnessed the appearance of several reports describing intervention strategies suitable for this population (for example: Woody, 1978; Kessler and Bostwich, 1977; Wilkinson and Bleck, 1977). For the most part they are clinically oriented except for doctoral studies (Wilkinson, 1976; Hammond, 1979; Rogers, 1979) which included some measures pre and post intervention. They consisted of behavioral ratings (by teachers), self-esteem inventories and attitude to divorce questionnaires. The results described by these authors are of limited value in that the

sample sizes are generally small, teachers selected children with behavioral problems for the subject pool, parents could veto participation, and intervention was rather limited in scope (eg. four half hour sessions in one case).

There are only a handful of centers (for example: Center for the Family in Transition, Corte Madera, California - Judith Wallerstein) which methodically evaluate children in relation to family dissolution, offer intervention specifically geared to that family problem, and follow up subjects over time to determine the effects of such intervention.

PREVALENCE OF THE PROBLEM

Many authors have recognized the variety and extent of problems experienced by children subsequent to parental divorce* (for example: Kurdek and Siesky, 1979; Crossman and Adams, 1980; Palmer (Canadian Council on Social Development), 1971. Bane (1976) estimated that forty percent of the American child population in the coming decade will be directly affected by a marital disruption. Statistics Canada (1983) has comparable figures for this country. Ambert (1980)

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* For example, Coddington (1973) rated divorce and separation at 84 and 78 life change units respectively, in his work on the significance of life events as etiologic factors in the diseases of children. Only parental death (at 91 life change units) was rated higher.

wrote that sixty percent of divorcing Canadian couples have children under the age of eighteen. Of all children born in the 1970's, she estimated that four of every ten will be part of a single parent family at some point during childhood. Statistics Canada (1976) reported that during the period 1973-1976, a total of 186,541 children were involved in divorce. These figures do not include any children involved in marital separation. What this signifies is that children were involved in 57.2 percent of all divorce actions in Canada during those years (Statistics Canada, 1976). Whichever way one looks at this social problem, large numbers of Canadian children are likely to be affected by family dissolution during their formative years. Consequently, our concern was to have an intervention program that could reach these young people early enough to prevent some of the consequences of poor adaptation, reach large enough numbers to have some impact on society, and could be relatively economical to implement in terms of the cost/benefit ratio.

C. FRAMEWORK FOR THE INTERVENTION

Given that we were not attempting to serve seriously disturbed children, four theoretical concepts proved useful in formulating a model for intervention. First, we viewed separation and divorce as a life cycle interruption resulting in a disruption of the family's equilibrium. We postulated that children would have particular difficulty coping with both the disequilibrium and restoration

of equilibrium. Children often lack information about what is happening and the reasons for it, or conversely, there may be a surplus of confusing and contradictory information with which they have to contend. In either scenario, children are commonly powerless to protect their rights or seek assistance for their emotional discomfort.

Second, there has been a trend in the mental health literature for some years towards brief models of intervention. Experience with short-term planned intervention models has been positive. For example, Epstein's (1976) research strongly supports the potential of a six-week program to affect change within a family system.

The third concept was Schwartz's (1975) work concerning situation/transition. He concluded that groups formed to tackle a specific transitional situation were able to help members cope more effectively with a shared external event when: they met regularly, had a leader, provided social support, factual information and the opportunity for emotional interaction around the group focus. There was support in the literature for the successful blending of the notion of brief therapy and the concept of situation/transition. Tooley (1976) noted that as the custodial parents' ability to function in their new capacity increased, the violent, phobic or anxious behaviors of their children subsided significantly. Several other authors, for exarple Baum (1974), Cardarelle (1975), and Kessler (1976), described the usefulness of situation/transition

group participation for enhancing coping abilities. We believed that similar benefits would accrue for children afforded access to vicarious learning, peer support and ideas for creative problem-solving. In fact, there were several examples supporting the effective use of group work with children including that of McGee, Kauffman and Nussen (1977), and Anderson and Marrone (1977). The work of the latter suggested the superiority of the group treatment modality with children.

Finally, we regarded adjustment to life cycle interruptions such as marital disruption as involving two processes: acceptance and adaptation. The former comes with the passage of time, more life experience, and greater knowledge about the situation and what it means. Adaptation, on the other hand, involves alternative solutions of coping strategies. There is a growing literature concerning coping skills which illustrates clearly the potential importance of this notion for divorce adjustment as a transitional situation. This phenomenon

> ".... presumes an individual's adaptive behavior will change and assuming they were able, either through their own devices or through treatment or training procedures, to learn from previous experiences, they will change in a positive direction.... Coping refers to the manner in which an individual responds to the environment and to the interactive behaviors which are produced by this response."
>
> (Leland, 1978, p28).

The goals of our intervention program were therefore two-fold: to create a situation conducive to altering children's negative expectations or attitudes to divorce (acceptance) and to stimulate the development of alternative coping strategies (adaptation).

D. THE CONCEPT OF ADJUSTMENT

There is general agreement in the professional literature that parental divorce produces a serious life crisis for children. Kelly and Wallerstein (1977) have indicated that

> " ... divorce is stressful for most children and constitutes a potential developmental interference for children in a general, non-clinical population ... Interventions have as their goal the amelioration of short-term effects and the prevention of the consolidation into long-range effects of the stresses and conflicts engendered by parental divorce."
>
> (Kelly and Wallerstein, 1977, p. 39)

Currently, there is a great deal of speculation and some controversy as to how one promotes and encourages healthy adjustment with this population. Wallerstein and Kelly (1980) have for a long time emphasized the importance of microsystem factors in determining adjustment. Kurdek (1981) contradicted them and argued that there are many pathways (for example: macrosystem, exosystem or ontogenic system factors) to successful adjustment.

Several quite recent studies present findings which illustrate that children of separating parents do not necessarily differ

markedly from the general population on standard psychometric measures. Isenberg and Scherman (1984) reported that they found no significant differences in personality functioning when they compared latency aged children from intact and divorced homes using the Children's Manifest Anxiety Scale, the Wechsler Intelligence Scale For Children, Rorschach's Test and Burk's Behavioral Rating Scale. Divergence between the groups occurred with respect to behavior disturbances and affect. Collins (1982) demonstrated that there were no significant differences in externality/internality as measured by the Nowicki-Strickland Locus of Control Scale in pre and early adolescents from intact and divorced families. However, Kurdek and Siesky (1980) concluded that the higher a child's internality score, the better his/her adjustment to family change. Warren (1982) found that at a mean of 13 months post separation most children were functioning normally with regard to self-esteem and anxiety despite the family conflict and stress. On the other hand, a clinically significant number of children (56%) were presenting with behavior problems.

Wallerstein (1983) has proposed that there are many tasks which the child must address (for example, acknowledging the reality of the rupture) in order to successfully adjust to family change. Others have begun to isolate factors predictive of adjustment or conversely, maladjustment. Mannheim (1982) suggested that post divorce behavioral adjustment in early latency children is related to four classes of

mediating variables: recent life changes, social supports, resources and parenting patterns, parenting adequacy and parental conflict. Davis (1983) concluded that the mother's personal adjustment, the pre-separation hostility between the spouses, decreases in child/father contact and conflict in the child's residence were all predictors of maladjustment in latency aged children from separated homes. Johnson (1983) determined that family stressors such as moving, parental conflict, changes in mother's employment and mother's dating all were predictors of child difficulty.

In summary, traditional approaches to measurement and concepts of child maladjustment may not be adequate to understand and explain the child's experience of divorce. Family stressors or life events are beginning to be conceptualized as having an important impact on coping abilities. Adjustment is viewed as a complex process involving numerous tasks often spanning several years. A program of planned brief intervention based on the theoretical concepts outlined earlier was thus developed as a therapeutic tool which could promote healthy adaptation and assist children to cope with the tasks inherent in adjusting to family change.

E. THE MODEL

The intervention was modelled on a program which has been offered by the Agency since 1977. For purposes of research, some modifications were required. The research groups operated separate from and independent of the ongoing Agency program. Families who participated

in the research were offered all services free of charge.

The intervention program consisted of a series of concurrent but separate groups for resident parents and their children. Both groups were child focused and similar issues were dealt with week by week from the appropriate perspective. Both the parents' groups and the children's groups provided an atmosphere conducive to eliciting feelings, fears, questions and successful coping strategies. While there was professional leadership and input, the crux of the program was mutual self-help: children helping children and parents helping parents. The social worker's role was to facilitate the process, guide the group in six weeks towards meeting the aforementioned goals and provide a link between the parents and the children.

This program utilized a model of co-therapists at all times. In our experience, this was an absolute necessity for the children's group, and it also permitted quality service delivery. The groups were limited in size to no more than ten children. We have found that fewer than seven children, particularly when siblings are permitted, is not as workable. Groups of more than ten children tended to promote problems in behavior management. Parent groups easily accommodated up to twelve people, but again, fewer than eight was not desirable. Within any one group there was a mix of age and sex, although it would be contraindicated to put one younger child in a group of older children.

Parent groups were offered on weekday evenings and children's groups on Saturdays. While both agency and community locations (eg. a library) have been used in the past, all research groups were held at the project office to permit more groups to be held simultaneously, thereby minimizing the need for extra equipment. Parents' groups were scheduled for two hours and children's groups for one and a half hours and both sets of groups met for six consecutive weeks. Refreshments (eg. cookies and juice, coffee) were an integral part of both groups and served an important socializing function. Each session had a theme, goal and focus which related to the child's experience of separation and divorce. The theme was approached from the perspective of achieving the overall program goals. The program consisted of five distinct phases:

1. Beginning
   getting to know each other, defining the reason for coming together and looking at divorce and separation as processes

2. The Divorce Experience
   defining our situations, sharing and ventilating, correcting misconceptions

3. Beginning to Alter Expectations
   determining the positive aspects of family change

4. Concrete Problem-Solving
   addressing practical problems and situations which arise when separation and divorce occur

5. Termination
   enhancing coping repertoires, group graduation and looking ahead

A variety of group techniques (eg. role-playing, role reversal) and divorce specific techniques (eg. divorce stories, divorce monologues) were combined with audio-visual materials to provide a positive group experience with educational benefits. The stimulus materials provided a safe means by which children discovered and/or shared feelings and thoughts which were of concern to them.

All of the weekly themes were linked and built on those presented in preceding weeks. For example, in week one we began with defining separation and divorce and associated feelings commonly experienced by children. This provided an introduction for the rules and regulations of divorce (eg. telling my friends, introduction of step-parents), expectations, problem-solving strategies, and divorce related coping mechanisms. A detailed manual for group workers with extensive sessional information is being prepared as a separate publication.

SUMMARY

The evidence presented underlines the prevalence of the phenomenon of marital separation in society. All family members are affected by this life crisis. Children are often least able to cope with the resulting family changes. A model of planned brief intervention based on several key theoretical concepts has been found to assist children. Adaptive response patterns are stimulated and acceptance is promoted as the crux of the program. This intervention is unique from others referred to in the literature because

it utilizes a model of concurrent but separate parent and child groups to achieve its goals. The remainder of this report will describe a research project based on this model of intervention. The research project differs from ongoing clinical work in several ways: considerable attention was devoted to data collection and the administration of standardized measures, families were invited to participate in research, case managers not group leaders provided the assessment function, and two treatment teams delivered the service. The next chapter outlines the experimental design.

CHAPTER II: THE EXPERIMENTAL DESIGN

A. PROJECT DESCRIPTION

In general, the trauma of divorce and separation can be summarized as affecting four areas of the child's functioning:

school; including academic performance, attendance, behavior management in the classroom, social relationships

physical; including a reported change in the number of symptoms such as headaches, stomach aches, assorted ailments (flu, colds, asthma attacks, etc.)

emotional; including reported changes in peer relationships, eating habits, sleeping difficulties, depression, aggressive tendencies, self-esteem and the child's attitude to divorce or separation, etc.

behavioral; including management in the home, routines, discipline, acceptance of authority, etc.

We postulated that planned, brief intervention (refer to chapter one) would produce definable and measurable benefits in terms of those four areas. Several authors support the success of clinical intervention, for example: Woody (1978), Schlesinger (1975), Kantor (1977), Wilkinson and Bleck (1977) and Wallerstein and Kelly (1980). However, there is a decided lack of valid and clinically sound investigations supported by empirical data. The objectives of the research were:

1. to empirically assess the effectiveness of clinical intervention with children in separated or divorced families

2. to isolate the relative contribution of different treatment conditions to outcome

3. to assess the costs of the different treatment conditions relative to the benefits.

This research project involved six treatment conditions and a control group. Subjects were randomly assigned to those conditions. The project design called for data collection which provided for (a) determining the frequency, nature and intensity of symptoms experienced by children at the outset (baseline data), (b) reassessing the children on the same measures post intervention and (c) obtaining follow-up data three or six months later by repeating those same measures. The research monitored closely the standardized intervention approach that was developed and elaborated on in the previous chapter.

We hypothesized that if children could be taught strategies for coping relative to a divorce situation, or presented with a situation conducive to formulating such strategies on their own, adjustment would be promoted. Furthermore, we expected that through the process of generalization an enhanced repertoire of coping skills would ultimately result in a decrease in symptomatic behaviors. It should be clearly stated at this time that while such predictions were geared to the experience of most children, we expected, by virtue of the notion of individual differences, to find a small proportion of children for whom these predictions would not hold. For example, a child diagnosed to have emotional problems prior to a parental separation or divorce would in all likelihood show little evidence of gain.

B. RESEARCH HYPOTHESES

Based on prior clinical experience and the predictions made earlier in this report, the following hypotheses were formulated:

1. There will be a statistically significant decrease in the symptomatic behaviors (school, emotional, physical, behavioral) for the children in the experimental conditions compared to those in the control group at the posttest.

2. These behavioral differences will be maintained over time and will be measurable at a subsequent follow-up either three or six months post intervention.

3. Of the experimental conditions created, the most powerful condition will be that in which parents and children receive concurrent treatment. Statistical differences as regards the aforementioned behavioral measures (school, emotional, physical, behavioral) will be greatest between those groups and the control.

4. Similar statistical differences will be found to occur as regards children's attitude vis-à-vis parental separation and divorce between the experimental and control conditions.

5. These attitudinal improvements will be maintained over time and be measurable at a subsequent follow-up either three or six months post intervention.

6. Of the experimental conditions created, the most powerful condition will be the one in which parents and children receive concurrent treatment. Statistical differences as regards the aforementioned attitudinal changes will be greatest between these groups and the controls.

There is evidence in the literature to support the rationale behind these hypotheses. A number of authors, including Kurdek and Siesky (1979, 1980), Desimone-Luis, O'Mahoney and Hunt (1979),

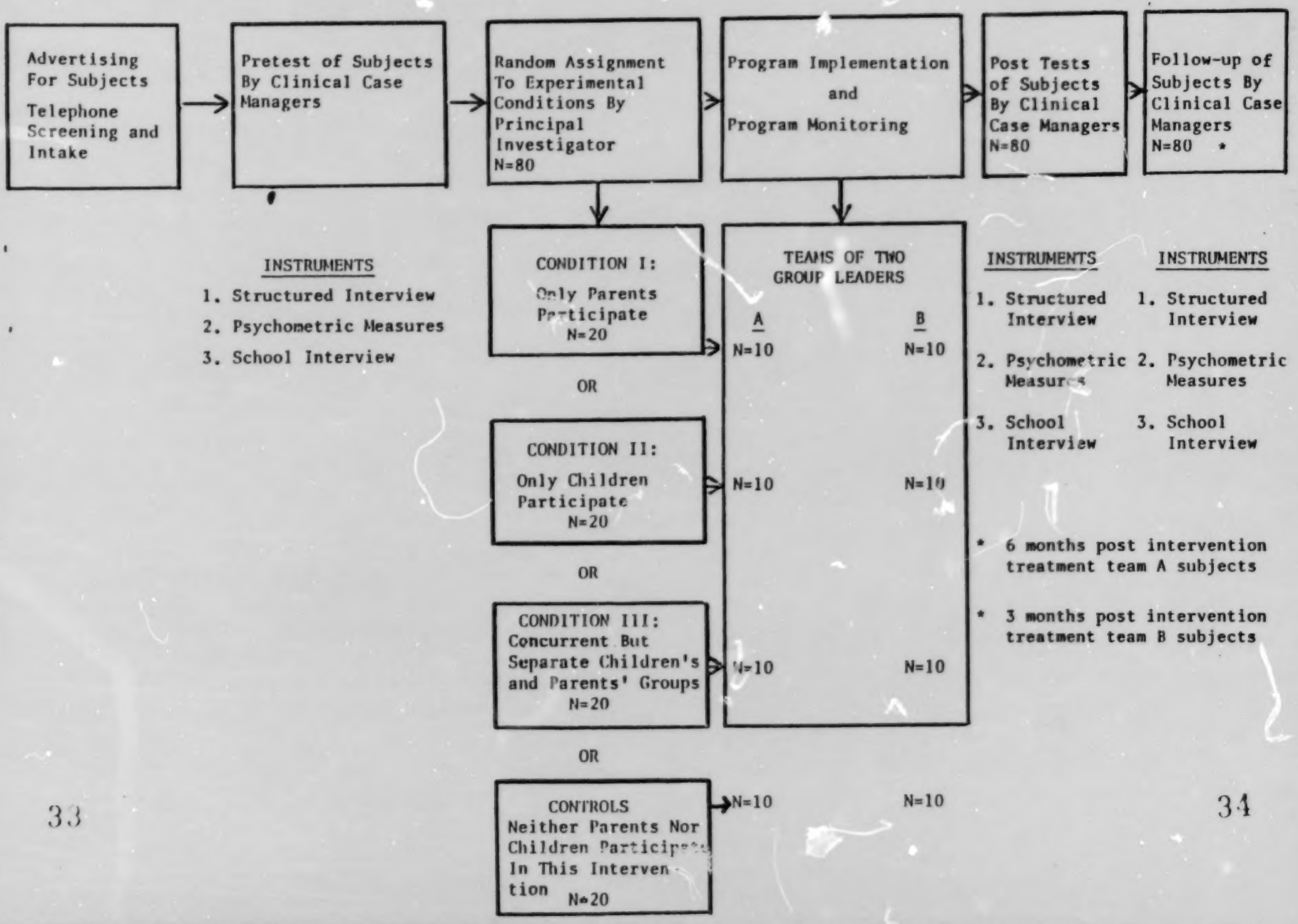
and Wallerstein and Kelly (1980) have enumerated at length the behavioral and attitudinal ramifications of parental separation and divorce for children. Wallerstein and Kelly (1974, 1975, 1979) have also discussed how many children in their longitudinal study fared worse at the one year follow-up. It is interesting that four years later, some of the children (including the youngest who would have only been four years old at the initial contact) could clearly remember what had been said to them at the outset of the study. Recently, Wallerstein (1984) has reported that children were still troubled by the marital disruption at the ten year follow-up.

Young (1978a, 1978b, 1980) and Wilkinson and Bleck (1977), among others, all report that children "felt better" post intervention - the underlying assumption of course being that if they feel better they will act and react differently. Young's (1980) work went as far as to monitor children's attitudes to a court-mandated (post separation) workshop. He reports that even the children who were the most reluctant initially, believed the workshops to have been a positive experience.

C. METHODOLOGY

In order to test our hypotheses, we utilized a two factor randomized design with a control group (two teams, four groups [three experimental groups and one control group], three time periods). The components in the experimental design are set out in Figure 1. Such a design permitted us to test out the goals of the project as previously stated.

FIGURE 1: PHASES IN THE EXPERIMENTAL DESIGN



Treatment Conditions

The experimental design consisted of six treatment conditions. Each condition was based on a group of ten different children. These conditions are variations in group composition. For example, in Condition I, only resident parents participated in the intervention program. In Condition II, only the children participated.

We expected the ideal treatment to consist of Condition III - concurrent but separate children's and parents' groups. We believe that maximum benefits accrue to children when the family participates in counselling. With particular regard to post separation counselling, we believe children feel less alone and less responsible for the marital disruption when the resident parent is involved. In our experience, extra support for the resident parent further enhances gains for the children. The complementarity of the skills and coping strategies taught in the parents' groups and in the children's groups further maximizes the benefits of intervention (eg. an enhanced repertoire of coping skills and adjustment to parental separation). Therefore, we predicted that the children who participated in Condition III (N=20) should show the greatest change in comparison with the control children (N=20). Since the cost of this modality in both practical and monetary terms is approximately double that of Condition I or Condition II, both variations were included in order that the differences in benefits compared to costs could be assessed. None of the published treatment reports that are referred

to in the present study utilized a model of treatment combining concurrently run groups for children and for parents. While all treatment conditions are ethically and professionally valid, Condition II may in fact be a more logical strategy if the ratio of cost/benefit is the most significant determinant. In any case, regardless of which family members participated in the intervention program, the children were always the subject of our measurements. This also holds true for the control group.

Another condition, that of number of clinicians, was included both by choice and of necessity. To expedite the data collection, two teams of clinicians (denoted as Team A or Team B) were used. This enabled the project to be completed more quickly as several groups could be offered simultaneously. A model utilizing two treatment teams permits comparisons to be made within a specific treatment condition, providing an opportunity to also test out whether improvements in one group are a result of a particular therapist's charisma, personality or individual style. If, for example, treatment Condition III is statistically proven to be the most powerful, we would expect there to be no differences between children or families who were treated by Team A and those treated by Team B.

Two treatment teams, each consisting of a leader and a co-leader, specifically hired and trained for that purpose, conducted the groups that were part of the intervention. Each team conducted groups for children in each of the three experimental conditions (refer Figure 1).

In Condition III, the same treatment team conducted both the children's and parents' groups. Each team was responsible for leading the groups assigned to them by the principal investigator through the six week period. In the case of control group families (N=20), there was of course no actual assignment to a team. Each team, as indicated earlier, was regarded as a different level in the factorial design, since it was not possible to regulate all that would occur between each of the teams and the group participants (Campbell and Stanley, 1963). To compensate, the treatment was standardized as much as possible and the group process monitored (see below).

The size of the control group was set at 20 children. According to Edwards (1968), the ratio of the number of controls to the number of subjects in any of the treatment groups is the square root of the number of the treatment groups. For this design, the ratio was 2.4:1. Twenty children are a reasonably close approximation to allow for valid comparisons.

Subject Selection and Random Assignment to Treatment Conditions

As illustrated in Figure 1, it was planned that 80 subjects between the ages of 7 and 12, would be pretested and randomly assigned to one of seven groups by the principal investigator. These children would come from a maximum of 80 families (some families in fact had more than one age appropriate child). Siblings were to be included in

the same groups. For clarity we will describe the design as though each family had one child. In any case, the size of all groups was controlled for by limits on the number of children (eg. N=10) in each of the treatment conditions, as it was the children who were being studied.

Subjects residing in Metropolitan Toronto and vicinity were obtained in a variety of ways: referral from mental health professionals, media coverage, paid advertising. While we realized that self-selection can be a bias in terms of research, there did not appear to be another viable process that could be easily and effectively employed. Utilizing the school system would have entailed considerable "red tape" and, on the other hand, the exclusive use of agency cases might have yielded families with more serious problems. Press releases and newspaper articles about our program in the past produced more than one half the sample (Freeman, 1978) and there were no important differences between those participants and the ones who had been referred as regards presenting symptomatologies. Selection criteria were applied to those who expressed interest in participating. We accepted families in which: 1) there was at least one child in the 7-12 year age range, 2) the parents had physically lived apart for a period of not less than 3 months, and 3) the participating child and parent did not have an apparent history of emotional disturbance. Custody by either parent was acceptable. The first two criteria were assessed at the point of intial telephone contact and the third during the assessment phase. The first criterion

related to the fact that this program was tested on latency age children. Our previous work and that of others have clearly illustrated that preventative child-focused intervention strategies are appropriate for and useful with other age groups. However, to simplify the research design and the possibility of confounding or biasing results, the research was restricted to the latency age group. Wallerstein and Kelly's (1976) work suggested that preschool children benefit the most when intervention is directed towards parental support and functioning. Wallerstein et al. (1984) recently reported on an intervention program specifically geared to the needs of the preschooler. Adolescents, according to these findings, generally suffer less and have greater access to a variety of services or significant others (Wallerstein and Kelly, 1976). For example, once an adolescent attains the age of sixteen in Ontario, he or she can legally obtain counselling services without parental consent.

For the purposes of this research design, we defined marital separation as the period beginning on the first day a couple lives apart. Whether the couple had a "legal separation", was currently involved in litigation, or had chosen not to formalize financial, custody and property arrangements did not concern us as far as the suitability criteria were concerned. Note of the couple's status in these areas was made and some conclusions will be drawn later in this report as to its relationship to the child's adjustment. Initially we had hoped to restrict the sample in terms of the number of months the parents had lived apart. A three to eighteen

month period had been chosen as optimal for intervention because it seemed likely that any immediate crisis (eg. moving) would be over but that families would still be experiencing a period of disequilibrium such that intervention would be timely and meaningful. Several weeks into the intake process, the upper limit of eighteen months was dispensed with because we found we were turning away many potential subjects.

Families whose members have had a history of severe disturbance were also eliminated as this has been shown to be a contraindication for group therapy (Avallone et al., 1973). In our previous experience with 100 families, in only three cases was the pathology severe enough to warrant another form of treatment instead of the children's divorce program. We have had both men and women participate in our previous programs and found that a useful and successful mix. There are several studies (for example, Keshet and Rosenthal, 1978; Mendes, 1976) which underline the importance of support for a male resident parent. Only resident parents were accommodated, as they were the parents with most access to and influence on the child. In fact, for this sample, many of the non-resident parents were not available to participate (eg. living elsewhere, whereabouts unknown). Any families who were rejected from the research study were offered alternative and more appropriate services. In fact only 2 families were excluded.

Interested persons were told at the outset the general purpose for the research and the importance of their co-operation. At the completion of the data collection period, families in the control group were offered the intervention program. A face sheet was completed by the secretary when the family telephoned. The principal investigator screened all intake to ensure that applicants met the conditions noted above. If any concerns emerged, a follow-up telephone call was made. The principal investigator also took responsibility for ensuring any family not included in the research study was connected with an appropriate alternative resource.

We assigned families alternately to each of the clinical case managers who were selected and trained specifically for the data collection phase of this research. The clinical case managers did not know to which experimental condition a family was assigned. The clinical case managers pretested the families assigned to them at the project offices. The family as it then existed (eg. resident parent and age appropriate children) was involved. The pretest provided baseline data measures for research purposes and consisted of a family interview loosely based on Wallerstein and Kelly's (1980) divorce specific assessment, followed by additional measurements for both the parent and the child (refer section (D) Instrumentation). During the pretest period, a school interviewer, specifically selected and trained for that purpose, visited each child's teacher and conducted a short interview to determine the child's social situation, school performance, attendance record and to complete the Behavioral

Academic Self-Esteem Rating Form (Coopersmith, 1982) and the Devereux Elementary School Behavior Rating Scale (Spivak and Swift, 1967).

Random assignment of the children to one of the experimental conditions or the control group was made by the principal investigator who did not have prior knowledge of pretest results. To compensate for the fact that many families had more than one child involved in the study, families rather than children were assigned to treatment conditions, due to two potential problems. Firstly, one parent might be responding for more than one child and could not simultaneously be assigned to Conditions II and III. Secondly, we would not have been able to adequately explain, without compromising the research design and risking incurring the irritation of parents, why one sibling could attend the group program but not the other. To the greatest extent possible, an equal distribution amongst the various treatment conditions and the control group of male and female headed families was desirable. Therefore, all male headed three-child families were randomly assigned to the groups first, followed by male headed two-child families etc.). When all the male headed families were assigned, a similar process was utilized for the random assignment of female headed families (ie. three-child families first, followed by two-child families, etc.).

We originally planned alternate assignment to clinical case managers and random assignment to treatment conditions and treatment teams. Utilization of a slightly different model was required.

Delays in the start-up period and subsequent difficulties in obtaining the required number of subjects quickly enough, caused us to adopt a different strategy for subject assignment. The first 50 children were alternately assigned to the case managers and all were assigned to treatment Team A. The inherent assumption was that this group would ultimately number 40 as a result of broken appointments, inappropriate referrals, etc. Those children were randomly assigned in the manner outlined above to the various treatment conditions and the control group. The next 50 children were also alternately assigned to the case managers but all of them were assigned to treatment Team B and the cases were distributed in a similar fashion.

During the pretest, details about participation (eg. that some families will be able to be in a group right away and some may have to be accommodated later in the year) and the project in general were given. The parent was also asked to sign a consent permitting the child's participation. At the conclusion of the pretest interview, the child, the parents and the teachers were given resource kits to keep free of charge. The kits included such items as a copy of The Boys and Girls Book About Divorce (Gardner, 1970), The Parents Book About Divorce (Gardner, 1977), resource lists for single parent families, a brief outline of the project, and an annotated bibliography suitable for parents and for children.

The kits were developed for a number of reasons. Firstly,

they represented a permanent record of participation in this project. Secondly, there is always a professional and ethical concern for families not assigned to the treatment condition predicted to be most powerful. This research design precludes some children (Condition I and all controls) from early participation in the intervention program. By giving all children a resource kit there was immediate, albeit limited, help for those assigned to Condition I and to the control group. Thirdly, in our experience, families often request such material and make notes about books and other materials during assessment interviews. The provision of the kits met this need. Lastly, experience indicates that if people have something concrete to take home with them, generally their commitment to counselling is enhanced.

D. INSTRUMENTATION

Data were collected at four points for all subjects during the research: pretest following intake, during the program monitoring phase, two weeks after the conclusion of the treatment, three or six months later. A one year follow-up was considered but rejected because of the ethical concerns related to a long delay in treatment for the control group. We predicted it would be difficult to recruit families to participate in a project which relegated them to the control condition and delayed treatment for such a time period. The control group families were provided with the intervention program at the conclusion of the third data collection period.

With regard to the control group, while their participation in other kinds of intervention could not be prevented or monitored, information was collected at each follow-up about their specific activities during that time period. Particular attention was paid to activities they may have engaged in that could indicate contamination of the data; for example, any connection to other project participants (especially those in Conditions I, II, or III) and the nature of any form of assistance they might have received, books or films they may have read or seen, their use of the resource kit provided at the pretest, etc. Similarly, information was collected for those in the experimental conditions as regards any activities, supports or other events which occurred that may constitute intervening variables.

A brief summary of the instruments and the variables they relate to is provided below (Figure 2). A range of tests was reviewed and selection was based on those reported to be highly reliable, valid, age appropriate, easy to administer and not time consuming.

Measures were selected because they provided data in the four areas of functioning mentioned (eg. Walker Problem Behavior Identification Checklist) or because they supplement they material to be gathered in the structured interview (eg. Family Environment Scale). For example, the Walker Problem Behavior Identification Checklist was completed by the parent about the child. It measures five variables as indicated in Figure 2: acting-out, withdrawal, distractibility, disturbed peer relations and immaturity. Each of

FIGURE 2: INSTRUMENTATION

PHASE: PRETEST

Administered Or Collected By	Completed By	Instrument And Administration Time (Approx.)	Variables Being Measured
Clinical Case Manager	Custodial Parent And Subject Child Alone	Family Environment Scale (Moos, 1974) Time = 15 minutes	Incongruence between family members on ten dimensions (related to emotional and behavioral areas of functioning)
Clinical Case Manager	Subject (Child) Alone	Coopersmith Inventory (School Form) (Coopersmith, 1981a) Time = 10 minutes	Emotional Adjustment (as reflected by self-esteem)
		A Locus of Control Scale for Children (Nowicki and Strickland, 1973) Time = 15 minutes	Locus of control measures, generalized expectancies for internal vs. external control of reinforcement
		Children's Attitude Toward Parental Separation (Berg, 1979) Time = 25 minutes	Emotional adjustment (as reflected by attitude)
Clinical Case Manager	Custodial Parent Alone	Walker Problem Behavior Identification Checklist (Walker, 1980) Time = 10 minutes	Acting out, withdrawal, distractibility, disturbed peer relations, immaturity (all of these variables are related to the emotional and behavioral area of functioning
		Divorce Specific Assessment - Interview Schedules For Use With Families And Teachers (Freeman, 1983) Time = 60 minutes	Identification of current functioning in four areas: school, physical, behavioral, emotional Extent to which divorce/separation has affected these areas of functioning Identification of existing coping strategies and extent to which are are used Identification of existing environmental and social supports and the extent to which they are used

PHASE: PRETEST (cont'd)

Administered Or Collected By	Completed By	Instrument and Administration Time (Approx.)	Variables Being Measured
Clinical Case Manager	Custodial Parent Alone	Coopersmith Inventory (Adult Form) (Coopersmith, 1975) Time = 10 minutes	Self-esteem of parent
		Divorce Problem Checklist (Freeman, 1983) Time = 10 minutes	Identification of current functioning in four areas: school, behavioral, physical, emotional Extent to which divorce/separation has affected these areas of functioning
School Interviewer	Teacher	Devereux Elementary School Behavior Rating Scale (Spivak and Swift, 1967) Time = 15 minutes	Classroom disturbance, impatience, disrespect/defiance, external blame, achievement anxiety, external reliance, comprehension, inattentive/withdrawn, irrelevant responsiveness, creative initiative, needs closeness to teacher (all of these variables related to scholastic area of functioning)
		Behavioral Academic Self-Esteem Rating Form (Coopersmith, 1979) Time = 5 minutes	Emotional adjustment/school adjustment (as reflected by self-esteem and revealed through school performance)
		Divorce Specific Assessment - Interview Schedules For Use With Families And Teachers (Freeman, 1983) Time = 20 minutes	School adjustment (as reflected by attendance, grades, behavior and social relationships)

PHASE: PROGRAM MONITORING			
Administered Or Collected By	Completed By	Instrument and Administration Time (Approx.)	Variables Being Measured'
Group Leaders	Group Leaders	Group Leader's Evaluation Form (Freeman, 1982) including:	
		Ratings of Groups	Content, goals, themes, stimuli, process
		Shulman (1979, 1981) Variable Ratings	Process
		Thematic Summary	Themes
		Process Summary	Critical events, factors promoting adjustment
		Time = 35 minutes	

PHASE: POSTTEST
Exact repetition of pretest measures with the same individuals, in the same manner and with the variables remaining constant

PHASE: THREE OR SIX MONTH POST INTERVENTION FOLLOW-UP
Exact repetition of pretest measures with the same individuals, in the same manner and with the variables remaining constant

these variables fits into one of the four areas of child functioning described. Where possible, cross checks were made (eg. child to complete a problem checklist, parent and teacher to also do so), so that a broader and more accurate assessment of functioning and adjustment was possible. What we were interested in was change on all variables associated with either functioning or adjustment in order that some assessment of the impact of the intervention could be made. All the measurements, with the exception of two, examine child functioning and adjustment regardless of who completes them. We took note of changes in the custodial parent's self-esteem and coping repertoire and monitored any changes so correlations could be made with child functioning. We postulated that enhancing the parent's self-esteem would pave the way for more effective parenting which in turn directly relates to child adjustment and functioning.

In addition to measuring the effectiveness of the intervention, we monitored the intervention itself. Firstly, we determined the extent to which groups created a mutual aid system. Shulman (1979, 1981) lists the dimensions of groups as being: the sharing of data, the dialectical process (debate of ideas), discussing a taboo area, all-in-the-same-boat phenomenon, mutual support, individual problem-solving, mutual demand and rehearsal. Each group leader was given clear definitions of these variables at the outset of the program implementation phase. After each group session, they independently completed ratings on each of the above dimensions.

Secondly, we wanted to monitor the content of the intervention to ensure each group had a similar experience. Group leaders after each session independently completed a questionnaire concerning what occurred in the group (eg. themes and related content events), which stimuli were used, what they felt was important to successful outcome and why, and what they felt was important for lack of successful outcome and why.

Most of the instruments mentioned were already standardized. There was no need to pretest those measures. The Divorce Specific Assessment (the aforementioned structured interview schedule) was specifically developed for use in this research project. It was pretested on several appropriate Agency clients who would not be part of the research project.

CHAPTER III: DESCRIPTIVE REPORT

A. MODEL FOR DATA ANALYSIS

The primary strategy for analysis of the data collected to test out the hypotheses was a multi-variate analysis using the MANOVA with repeated measures program available in BMDP (Dixon, 1983). This method permits the efficient utilization of all the standardized baseline and outcome measures. Several levels of data analysis have been carried out and are included in this report.

1. Baseline information elicited during the structured interviews will be summarized under the following headings: family characteristics, marriage and divorce history, custody and access, coping mechanisms, support systems and school situation. This information (age, mean length of separation, length of disharmony prior to separation, age of parents at marriage and at separation, etc.) could be compared with census and other population data as well as other studies (Wallerstein and Kelly, 1980; Kalter, 1977; Kurdek and Siesky, 1979), and provides a profile of our population.

2. Children participating in each of the experimental treatment conditions will be described separately and compared with each of the other groups and with the control group children to confirm that marked differences between groups did not occur accidentally. The children will be compared on their pretest scores, for which we hypothesized no significant differences would be found.

3. The six week intervention program was monitored as indicated earlier to determine what actually occurred. Variations recorded in the treatment program and between teams were rated as qualitative differences. Comparisons were also made between the co-leaders of each team in order to assess reliability of the group process as described earlier in this report. A summary of these findings will be presented.

The focus for this report on outcome is to compare children in the experimental conditions with those in the control condition as to

gains made over their pretest scores. It was expected that, overall, the children in the experimental conditions would show a statistically significant improvement on th· measures in comparison with the control group and that children in the condition in which both parent and child are seen would do best.

B. DESCRIPTIVE ANALYSIS

Family Characteristics

Between September 1982 and January 1983, we recruited for this study 82 latency aged children (31 girls, 51 boys) from 59 families living in the Metropolitan Toronto area. More than half of these parents had concerns serious enough to warrant their involvement in counselling prior to their first contact with this project. Parents heard about the research project in any one of a number of ways, some being referred by a mental health professional and others acting on their own initiative (see Table 1).

TABLE 1: RECRUITMENT

SOURCE	N	%
Media coverage including radio, newspaper, television	31	38.6
School referred	27	32.9
Referred by a mental health professional	18	22.0
Paid advertising	6	7.3
Total	82	100.08*

* Totals in this and subsequent tables may vary slightly from 100.0% due to rounded figures

At the point of intake, families were asked about previous counselling involvement. Slightly over half of them reported previous counselling contacts of one sort or another (see Table 2).

TABLE 2: PRIOR COUNSELLING

TYPE	N	%
None	36	43.9
Individual counselling -adult	14	17.1
Family counselling	14	17.1
Marital counselling	14	17.1
Child therapy	4	4.9
Total	82	100.10

More than half the parents also commented on concerns about their children related to the marital disruption (see Table 3).

TABLE 3: PARENTS' CONCERNS AT INTAKE

TYPE	N	%
No specific concerns	34	41.5
Specific maladjustment difficulties (affect change, academic problems etc.)	33	40.2
Generalized concerns (coping responses, separation anxiety, lack of male influence etc.)	15	18.3
Total	82	100.00

Seventy of the 82 children (85.4%) resided in mother-led families. Table 4 illustrates the family composition (in addition to parent and child) at intake. The 1981 census indicates that households in this geographic area typically consist of 3.2 members and the average number of children per household is 1.3 (Statistics Canada, 1981). However, the Social Planning Council of Metropolitan Toronto in a more recent report indicates the average Toronto household size to be 2.4 members (Social Planning Council of Metropolitan Toronto, 1983).

TABLE 4: FAMILY COMPOSITION

MEMBER	N	%
Common-law partners	2	2.4
Grandparents	2	2.4
Boarders	3	3.7
Employees (eg. housekeeper)	5	6.1
Siblings: none	16	19.5
1	37	45.1
2+	29	35.4

While 79 (96.3%) of the children were Canadian-born, many of their parents were not (see Table 5). English, however, was reported to be the language most commonly spoken in the home for all the children. The most recent census figures compiled in 1981 show that in Toronto the percentage of Canadian/British/American born families was 66.7%. In this study the proportion of Canadian/British/American mothers was 86.6% and for fathers was 74.4%.

TABLE 5: PARENTS' NATIONALITY

NATIONALITY	MOTHER'S		FATHER'S	
	N	%	N	%
Canadian/American/British	71	86.6	61	74.4
Other (including Chinese, Portuguese, Italian, South African, West Indian)	11	13.4	21	25.6
Total	82	100.00	82	100.00

Families by and large were in the middle income level with a discrepancy between the spouses, favouring the father. Most parents had at least high school education (see Tables 6 and 7).

TABLE 6: PARENTS' EDUCATION

EDUCATION	MOTHER'S		FATHER'S	
	N	%	N	%
High School or less	45	54.9	39	47.6
Post Secondary	37	45.1	43	52.0
Total	82	100.0	82	99.6

There was more diversity as regards occupation and fathers tended to have a higher level than the mothers.*

TABLE 7: PARENTS' OCCUPATION

OCCUPATION	Mother's		Father's	
	N	%	N	%
Personal service (skilled or unskilled), semi-professional, office clerical, skilled labour	38	46.3	22	26.8
Technical and lower level management	1	1.2	9	10.9
Managerial and administrative	21	25.6	22	26.8
Higher level professionals, self-employed	8	9.7	25	30.4
Not working outside the home, students, homemakers, welfare, retired	14	17.1	4	4.8
Total	82	99.9	82	99.7

* Figures are reported for birth fathers of the children. In all cases where there was a common-law partner, they were reported to be in managerial or administrative occupations but are not included in the breakdown.

TABLE 8: PARENT'S EMPLOYMENT STATUS

STATUS	Prior to Separation		At Pretest	
	N	%	N	%
MOTHER'S				
Full-time	30	36.58	41	50.00
Part-time, seasonal	23	28.04	21	25.61
Not working, unemployed, students	29	35.36	20	24.39
Total	82	99.98	82	100.00
FATHER'S				
Full-time	75	91.46	62	75.61
Part-time, seasonal	1	1.22	4	4.87
Not working, unemployed	6	7.31	9	10.97
No information	-	-	7	8.53
Total	82	99.99	82	99.98

Income level and primary source of income for the resident parent and child are indicated in Tables 9 and 10.

TABLE 9: INCOME LEVEL OF FAMILY

LEVEL	N	%
Less than $10,000	17	20.8
$10,000 - $17,999	20	24.4
$18,000 - $24,999	13	15.8
$25,000 and over	32	39.0
Total	82	100.0

TABLE 10: PRIMARY SOURCE OF FAMILY INCOME

SOURCE	N	%
Employment	46	56.1
Child Support	19	23.2
Government Assistance	10	12.2
Alimony	3	3.7
Relatives	-	-
Other	4	4.9
Total	82	100.1

Marriage and Divorce History

Fathers were on average two years older than their spouses. They had been married a mean of 11.33 years at the point of separation. The mean age of children participating in the study was 7 years (see Table 11).

TABLE 11: AGE STATISTICS

	Mother's Age (in years)	Father's Age (in years)	Child's Age (in years)
At Marriage:			
$\bar{x}$ age	22.34	24.65	-
range	18-37	19-39	-
At Separation:			
$\bar{x}$ age	33.61	35.98	7.3
range	24-46	25-47	0-12

Parents and children both were asked about the primary reason for the separation.

TABLE 12: REPORTED REASON FOR SEPARATION

REASON	N	%
Resident Parent:		
Other (eg. incompatibility, desertion, mental illness	31	37.8
Extra-marital relationship	21	25.6
Mental cruelty	17	20.7
Physical cruelty	6	7.3
Alcohol, drug abuse	6	7.3
Financial difficulties	1	1.2
Total	82	99.9
Child:		
Fighting	31	37.8
Do not love each other	18	22.0
Work or another relationship more important	13	15.8
Unable to clearly say	10	12.2
Alcohol, violence	8	9.8
Child's fault	2	2.6
Total	82	100.02

These families represent a range of diverse situations. At the time they became involved with us the majority of parents (57, 69.5%), were separated but 25 (30.4%) were divorced. Of those who were separated, 17 (20.7%) reported the non-resident parent was involved in a common-law arrangement, while in 14 (17.1%) of the divorced families one or both of the parents were involved in either a common-law or remarriage situation. The mean length of parental separation was 20.09 months.

Only 31 (37.8%) of the families who labelled themselves separated reported having a separation agreement. In 57 (69.5%) families child support payments had been agreed upon but only 39 (47.6%) of the families were able to say that these payments were made on a regular and consistent basis. In 34 (41.5%) of the families the non-resident parent contributed financially to the child's care in addition to the agreed upon amount (eg. purchases of clothing, child care, lessons).

Seventeen (20.7%) of the families stated that reconciliation had been attempted at least once. Reconciliation attempts ranged from 1 to 12 times and occurred over 1 to 24 months. The type of attempt ranged from merely discussing the idea (5 families, 29.4%) to actually living together (7 families, 41.2%).

Parents were also asked to describe the current relationship between the spouses. In 60% of the families there is bitterness, discord and fighting; in half of these families there are some periods of harmony (see Table 13).

TABLE 13: PRESENT PARENTAL RELATIONSHIP

TYPE	N	%
Bitter, a great deal of discord and animosity	16	19.5
Frequent arguments and difficulties	10	12.2
Some fighting, at times reasonable	25	30.5
Usually relate and communicate well	16	19.5
Problem-free, relation exceptionally well, better than when together	1	1.2
Non-existent, never see spouse	14	17.1
Total	82	100.0

Resident parents also were asked about significant others who may have provided (or currently provide) a major parenting function for the child. The majority (67, 81.7%) stated there was no one else. Fifteen (18.3%) families reported that either a common-law partner or friend had acted in that capacity for the child.

Custody and Access

Information about a number of custody and access issues was collected. Wallerstein (1984), among others, has suggested that the resolution of custody issues and the operation of access are directly related to child adjustment. She maintains that the children who cope most effectively with family change are those who have consistent access to both parents. Other authors (for example: Mannheim, 1982)

have suggested that the quality of the relationship between the separated or divorced spouses is another important factor influencing child adjustment.

TABLE 14: CUSTODY DECISION

METHOD OF RESOLUTION	N	%
Mutual agreement	57	69.5
Desertion	8	9.8
Court-ordered	7	8.5
Negotiated by lawyers	5	6.1
One parent unilaterally decided	3	3.7
Mediation, conciliation, etc.	1	1.2
Child's decision	1	1.2
Total	82	100.0

Most of the children (65, 79.3%) were reported by the resident parent to be seeing the non-resident parent. Interestingly, only 15 (18.3%) of the children told us they saw the non-resident parent. As with custody, access was decided in a variety of ways, most frequently by mutual agreement (see Tables 14 and 15).

TABLE 15: ACCESS DECISION

METHOD OF RESOLUTION	N	%
Mutual agreement, arrived at by parents	39	47.6
As per separation agreement	11	13.4
Ad hoc arrangement	11	13.4
No agreement or decision	9	11.0
Agreement negotiated by means of counselling, mediation, lawyers, conciliation etc.	5	6.1
court order	3	3.7
other	4	4.9
Total	82	100.1

In only 35 (42.7%) cases did the access arrangement operate according to plan. In 9 families (11.0%) resident parents had initiated arrangements and in 6 families (7.3%) the children were the initiators. The frequency with which access was exercised also varied (see Table 16).

TABLE 16: FREQUENCY OF ACCESS

FREQUENCY	N	%
Less than once a month	19	23.17
Every other weekend	19	23.17
Once a week	15	18.29
Never	13	15.85
Several times a week	11	13.41
Every weekend	3	3.65
Once a month	2	2.40
Total	82	99.94

Half of the parents felt the access arrangement was satisfactory to the child while 13 (15.9%) were not sure. Twenty-eight (34.1%) parents said the current arrangement was not satisfactory. This differs slightly from the children's view in that 36 (44.5%) found the arrangement unsatisfactory.

TABLE 17: CHILDREN'S VIEWS ABOUT ACCESS ARRANGEMENTS

CHILD'S COMMENT	N	%
No change desired	46	56.09
Increased frequency	21	25.61
More control (eg. when, where)	11	13.41
Spend time alone with non-resident parent (eg. not to have to share time with a man/woman friend of spouse)	3	3.65
Decrease frequency	1	1.22
Total	82	99.98

The children did not, for the most part, feel they had much power to alter the arrangements. When asked about whether they had ever tried to change the arrangements we found only 18 (22.0%) had done so, of whom 7 (8.5%) were successful.

TABLE 18: CHILDREN'S ATTEMPTS TO CHANGE ACCESS ARRANGEMENTS

ACTION	N	%
Never attempted to change	64	78.2
Successful attempts:		
child initiated change	7	8.5
Unsuccessful attempts:		
talked about it or tried to ask	7	8.5
nagged parent	2	2.4
afraid I would upset parent	2	2.4
Total	82	100.0

Intergenerational Themes

Limited background information about the intergenerational and family experience of separation and divorce was collected. Considering which generations we refer to (for example: the children's grandparents), the data are noteworthy. Only in recent times have separation and divorce become socially acceptable. The number of reported relationship difficulties experienced by

the grandparents of these children is therefore surprising, varying as it does from 25% to 46% (see Table 19). Generally speaking, it was unlikely that many couples with marital problems would separate and/or divorce in the 1940's and 1950's. The figures reported for other extended family members indicate the milieu to which the parents relate and the role models they regularly encounter.

TABLE 19: FAMILY HISTORY OF SEPARATION AND DIVORCE*

FAMILY MEMBER	N	%
Maternal grandparents:		
happily married	58	70.7
separation, divorce, major marital problems	21 (8)**	25.6 (11.0)
Paternal grandparents:		
happily married	36	43.9
separation, divorce, major marital problems	36 (14)**	43.9 (20.7)
Maternal aunts and uncles:		
happily married	31	37.8
separation, divorce, major marital problems	37 (14)**	45.1 (17.1)
Paternal aunts and uncles:		
happily married	26	37.1
separation, divorce, major marital problems	38 (21)**	46.3 (32.9)

* Note that in some categories the N≠82. There may be no aunts or uncles. Grandparents may not be living.

** Figure in brackets indicates number of reported divorces.

Developmental History of the Children

Various aspects of the child's life including the pregnancy, labour and delivery, neonatal period, first year of life, preschool period, developmental milestones and so on were covered with parents. None of the information collected revealed the sample to be unusually skewed on any one question. More than half the parents (45, 54.9%) reported their children as having talked about running away. Only 6 (13.3%) children had actually followed through on this threat. Nine (11.0%) of the sample were reported as having been in conflict with the law due to incidents such as theft or vandalism.

The Child's Response to the Crisis

A small percentage of the children (7, 8.6%) did not learn about the marital separation from one or both parents. About half (44, 53.65%) were informed about the decision by the resident parent. In 24 (29.26%) cases both parents told the child about the impending situation. Most children were told in advance ($\bar{x}$ = 2.5 weeks) that one parent would be moving out. Some children (6, 7.31%) were not prepared at all, either because the separation occurred as a direct result of an episode of domestic violence or because the parents could not or would not deal with the issue.

Both children and parents were asked how the child felt about the marital separation initially and at the time of the pretest.

According to half the children and about 44% of the parents, the children had adjusted at the time of the pretest. But this is questionable, since there are conspicuous discrepancies in other aspects between the children and their parents (see Table 20). The responses indicate the disparity in their views which leads to speculation about child adjustment. For example, how is it that so many parents did not know their children were so saddened by the marital separation? Many of the children told us that prior to their participation in this project, the family did not discuss the separation at home. Other children reported withdrawing from such discussions when they were initiated by parents. Parents confirmed both scenarios. Nevertheless, a longstanding theme prevalent in both the popular literature (for example: Rabkin, 1978) and in the professional literature (for example: Wallerstein and Kelly, 1980) is the importance of parent/child communication. Parents are regularly encouraged to provide accurate information and support to their children (Gardner, 1970, includes a chapter in the Boys and Girls Book About Divorce entitled, "How To Talk To Your Divorced Mother").

TABLE 20: CHILD'S MOST PREDOMINANT FEELING ABOUT THE SEPARATION

FEELING	PARENTS' VIEWS N	%	CHILDREN'S VIEWS N	%
At Time of Separation:				
sad, depressed	36	43.9	57	69.5
confused	-	-	3	3.7
angry	11	13.4	3	3.7
scared	10	12.2	1	1.2
responsible, guilty	1	1.2	-	-
happy, relieved	6	7.3	3	3.7
other (eg. don't know, don't remember, no feelings)	18	22.0	15	18.3
Total	82	100.0	82	100.1
At Pretest:				
sad, depressed, withdrawn	15	18.29	26	31.7
angry	10	12.19	4	4.9
scared	6	7.31	-	-
responsible, guilty	1	1.22	-	-
happy	7	8.53	3	3.7
other (eg. don't know, don't remember, no feelings)	7	8.53	8	9.8
adjusted, used to it	36	43.90	41	50.0
Total	82	99.9	82	100.1

In 37 (45.1%) cases, parents reported that the child was extremely affected by the marital separation. Sixteen (19.5%) parents felt the child had been affected only slightly. The most common reaction was emotional and negative (41, 50.0%) although 16 (19.5%) parents described negative behavioral reactions. Ten parents (12.2%) thought that there was no discernible reaction. While 12 children (14.6%) had made a significant improvement by the time of the pretest, 18 (20.9%) were reported to have deteriorated (for example: increased frequency of moods, over-involvement in marital relationship, denial of the fact).

Parents were questioned more extensively about the effect of the marital separation on several specific areas of the child's life: home, school, social and family relationships. The area most frequently described as being "very affected" was home life (36, 43.9%), followed by family relationships (32, 39.0%), school (19, 23.1%) and social relationships (18, 22.0%).

Separation can create havoc in family life and daily routines. For this sample, no one factor emerged as being most difficult for children to cope with, although groups of problems were clearly discernible.

TABLE 21: AREAS OF DIFFICULTY FOR THE CHILD*

AREA	N	%
chores, responsibilities and general settling down	31	37.9
aloneness, feeling of desertion	21	25.6
discipline	12	15.9
parents' dating, new partners	11	13.4

* Percentages represent only responses in each category that are in the affirmative, in the above Table as well as in Tables 23-25, 27-29 that follow.

Parents were also asked about changes in the child's life and 55 (67.1%) reported that the child's responsibilities (eg. chores) had changed as a direct result of the marital breakdown. Only 12 (14.6%) reported minimal, if any, change for the child in day-to-day life.

The problem checklist developed by us examined problems in the four areas of functioning we were measuring which were not covered by one of the standardized measures. With regard to the physical dimension (illnesses, accidents etc.) no particular problem area stood out. Five of the eleven items increased in frequency post parental separation, but not significantly so. The mean number of reported changes was 2.93 per child. Much larger increases were tabulated for the twelve emotional items with the mean number being 7.07 per child. The items which stand out are fears, phobias, dependence, shyness, demands, withdrawn behavior, affectionate behavior

and aggressive behavior. The reported frequency of occurrences at intake for most of these items is double the frequency of occurrences prior to parental separation.

Small increases in reported occurrences were noted in the third area examined: behavior management at home. Of the five items, bedtime and chores were the items most frequently problematic. The mean number of occurrences was 2.99 per child. A slightly higher mean, 3.82 was recorded for the fourth area, school. The largest increases in these four items were reported for early arrival, staying late and academic help. The first of these three items almost tripled and the second item almost quadrupled in our count.

The children's views about their own response to the crisis of marital separation were also solicited. In a general vein, 33 (40.2%) of them reported specific changes in their lives (negatively) in more than one area (eg. more chores and responsibilities was the most common theme). On the other hand 13 (15.9%) described positive changes in more than one area (eg. more freedom, more realistic discipline patterns). A few children (8, 9.8%) described a combination of changes and 28 (34.1%) stated that their lives were not different.

The children were asked questions about the four areas of functioning described above.

TABLE 22: CHILDREN'S VIEWS OF THEIR OWN FUNCTIONING POST SEPARATION/DIVORCE (AT THE PRETEST)

ASSESSMENT	PHYSICAL ILLNESSES		EMOTIONAL DIFFICULTIES		BEHAVIOR		SCHOOL	
	N	%	N	%	N	%	N	%
Better	20	24.4	28	34.1	26	31.7	31	37.8
Worse	10	12.2	29	35.4	25	30.5	14	17.1
Same	52	63.4	25	30.5	31	37.8	37	45.1
Total	82	100.0	82	100.0	82	100.0	82	100.0

The children's response patterns parallel what parents reported. Emotional well-being, including changes in affect and/or demeanor, was most commonly mentioned as being "worse". The children were also asked to specifically comment about sleeping difficulties because that theme had repeatedly been mentioned in previous clinical work we had done. Fifty-two (63.4%) of the children reported problems in falling asleep or sleeping through the night. Apparently, a common problem was falling asleep - as reported by 29 (35.4%) children. Children often told us they would lie awake and think about the family situation.

We believe the children were, for the most part, exceptionally honest and direct about themselves because they were assured confidentiality. The children who saw their behavior as "worse" were able to give specific evidence to support their response (eg. "I fight or argue more") as were the children who described emotional

change (eg. "I am more sad now").

A majority of the children (53, 64.6%) reported that they knew no more than three other children whose parents did not live together. In fact 10 (12.2%) children actually said they did not know any other children in single parent families. These statistics seemed to confirm our suspicion that children generally do not talk about their parents' marital situation with their friends and therefore would not know who among their friends also lived in single parent families. We specifically enquired about what they themselves had shared with peers about their family and only 5 (6.1%) children reported being open with peers and engaging in any sort of discussion. At the other extreme, 31 (37.8%) children stated they had said nothing to their friends and 45 (54.9%) children discussed as little as they could with peers - usually brief answers in response to a question, (for example: "My mother does not live with us anymore").

The phenomenon of reconciliation preoccupation and related fantasies has been described by Gardner (1976) and is commonly thought to be an indication of poor adjustment. Twenty (24.4%) children told us they thought about reconciliation more than once a week, 35 (42.7%) children considered the possibility of reconciliation once in a while and 27 (32.9%) children said they never thought about it. Nineteen (23.2%) children had actually tried to create a situation they felt would be conducive to reconciliation

(eg. asked the parents to reconcile, set the parents up, tried to positively change their own behavior in hopes of a reconciliation).

Support Networks

Parents and children were asked a variety of questions aimed at eliciting information about the nature and extent of support systems available to the child. Parents reported that more often than not (31, 44.3%), siblings developed a closer relationship post separation. However, in 14 (20.3%) families the sibling relationship had deteriorated. The majority (62, 75.6%) of parents felt the child was closest to the mother regardless of the custody arrangement and 71 (86.6%) stated that the marital separation had not changed the parent/child relationship. Many (46, 56.1%) resident parents described their relationship with the child as closer since the separation and 5 (6.1%) thought the relationship had deteriorated. However, only 44 (64.7%) reported spending time alone with the child on a regular basis. A large number (51, 62.2%) stated that the non-resident parent spent time alone with the child on a consistent and regular basis.

It was somewhat disturbing to find that 24 (29.3%) children had no one else with whom they felt close. In the remainder of cases several sources of support were described.

TABLE 23: SUPPORT NETWORKS AVAILABLE TO THE CHILD
(PARENTS' VIEWS)

SUPPORT SOURCE	N	%
Extended family member	21	25.6
Parents' friends, new partners	16	19.5
Combination of sources	11	13.4
Peers	4	4.9
Siblings	3	3.7
Employees (eg. housekeeper, babysitter)	2	2.4
Teacher	1	1.2

The children were asked what support networks they thought were available to them and how many they had actually used.

TABLE 24: CHILDREN'S THOUGHTS ABOUT SUPPORT NETWORKS

REPORTED POSSIBILITIES			ACTUAL UTILIZED (CHILD'S VIEW)		ACTUAL UTILIZED (PARENTS' VIEW)	
	N	%	N	%	N	%
Grandparents	37	45.1	25	30.5	29	35.4
Aunts & Uncles	32	20.2				
Peers	31	34.8	27	32.9	36	43.9
Neighbours, Parents' Friends	28	34.1	24	29.3	24	29.3
Teachers	26	31.7				
Significant Others (eg. Hockey Coach)	24	29.3				
Cousins	20	24.4	-	-	8	9.8
Counsellor	4	3.7	24	29.3	-	-
Other: (Parent, Sibling, etc.)	26	31.0	61	74.4	20	24.4

Grandparents were the most common source of support mentioned by children. The parents were asked about the relationship between the child and his/her maternal/paternal grandparents. The majority of grandparents were described as maintaining a relationship that varied from mildly supportive to extremely supportive. Many children either had no access to their grandparents or very infrequent access (23, 28.1% maternal grandparents; 48, 58.5% paternal grandparents).

For those children who had access prior to the marital separation, 40 (48.7%) saw their maternal grandparents at least once a month; 22 (26.8%) saw their paternal grandparents at least once a month.

Twenty-nine (43.4%) parents noted that the frequency of access between the child and the maternal grandparents changed after the marriage ended. In 15 (18.3%) cases the role the maternal grandparents played in the children's lives was reported to be different after the separation. With respect to the paternal grandparents, 41 (50.0%) parents commented that the frequency of access with the child was different after the marital separation. Thirty-two (39.0%) of the paternal grandparent/child relationships were reported to be different post separation.

Coping Repertoires

One of the primary goals of the intervention program being investigated was to enhance and expand the child's repertoire of coping skills. A number of questions were put to both the children and the parents to determine information about coping patterns in general and, in particular, coping repertoires and the specific skills which they comprise. Parents were asked to describe how, in general, they felt their children coped with stress. Only 15 (18.3%) reported the child as coping well. More than half (46, 56.1%) of the children were thought to be coping poorly most of the time. Parents were also asked to note any major changes in family life post separation in the areas of home, job, family life,

friends and finances and described how they felt the child had coped with those changes. The vast majority of reported changes fell into the home and family life categories and for the most part were seen to be negative. According to the parents in 34 (41.5%) cases, children exhibited negative coping - primarily evidenced by reduced emotional well-being (25, 30.5%) as opposed to actual negative behavior (3, 3.7%). A few children did not exhibit any particular overt coping mechanism. On a positive note, 46 (56.1%) of the parents commented that their children frequently sought assistance with problem-solving. Only 9 (10.9%) of the children rarely or never approached a "significant other" for assistance.

One of the most basic of coping skills is that of seeking information. For the most part, the response patterns of the parents and of the children were similar; however, the children were clearly seeking out adults other than their parents more frequently, and peers much less frequently than parents realized.

TABLE 25: HOW THE CHILD OBTAINS INFORMATION ABOUT SEPARATION AND DIVORCE - ACTUAL WAYS USED

METHOD	PARENT'S REPORT		CHILD'S REPORT	
	N	%	N	%
Discussion with parents	71	86.6	61	74.4
Discussion with adult other than a parent	21	25.6	24	29.3
Discussion with relatives	22	26.8	25	30.5
Books	17	20.7	22	26.8
Discussion with peers	36	43.3	27	32.9
Counselling	4	4.8	24	29.3
Other (eg. T.V.)	8	9.7	7	8.5

We were particularly interested in the types of coping skills parents observed their children utilizing when confronted with new situations, because we assumed this existing repertoire would be what the child would have available to cope with the parental separation.

TABLE 26. CHILDREN'S COPING SKILLS AS REPORTED BY PARENTS*

TYPE OF SKILLS	N	%
Negative Skills:		
1. denies there is a problem	12	14.6
2. seeks advice appropriately but does not necessarily follow through with action	22	26.8
3. expects someone else to solve the problem	17	20.7
4. worries a lot but generally does nothing	4	4.9
5. does not cope at all - unable to take any action	1	1.2
Positive Skills:		
1. seeks and uses advice/guidance	12	14.6
2. uses creative ideas or past experiences to formulate effective problem-solving strategies	14	17.1
Total	82	99.9

* Note: Parents were asked to respond in a yes/no fashion to each item. The figures are not altogether surprising given the ages and developmental stage of the children.

Luepnitz (1979) has been one of the only authors to date to address the issue of children's specific coping response patterns vis-à-vis divorce. While this was a retrospective study, she has identified several patterns that emerged in her sample. Parents

in the present study were asked which, if any, of those patterns they had observed with respect to their own children.

TABLE 27: CHILDREN'S DIVORCE-SPECIFIC COPING STRATEGIES AS REPORTED BY PARENTS

TYPE OF STRATEGY	N	%
Negative Strategies:		
1. fantasizing about reconciliation	35	42.0
2. withdrawal from the family on an emotional level	18	22.0
3. appearance of new symptoms	17	20.7
4. intervening in marital conflict	13	15.9
Positive Strategies:		
5. reflects on the family situation and has made constructive attempts to adjust to it	43	52.4
6. seeks alternative means of finding happiness	31	37.8
7. looks to significant others for support	29	35.4
8. requested counselling	8	9.8
9. other (eg. creative use of support systems, participation in this project, ventilation and dealing with feelings)	8	9.8
10. avoids being at home	-	-

Of all the strategies Luepnitz defined, the most predominant among the children (25, 30.5%) at the pretest was (8) above. This was followed in order by (5) for 13 (15.9%) of the children, (7) for 12 (14.6%) of the children and then two negative strategies (3) and (4) for 9 (11.0%) children each. The remaining negative strategies followed.

The children were also asked about coping strategies (although a more open-ended probe technique was used).

TABLE 28· DIVORCE-SPECIFIC COPING STRATEGIES AS REPORTED BY THE CHILDREN

TYPE OF STRATEGY	N	%
Negative Strategies:		
1. not able to do anything	23	28.0
2. fantasizing about reconciliation	8	9.8
3. run away	4	4.9
4. cry or be sad	2	2.4
Positive Strategies:		
5. accept the separation	17	20.7
6. seek parental support	14	17.1
7. seek peer support	13	15.9
8. counselling, exercise, etc.	1	1.2

During the intake interview, parents were able to delineate factors which they felt had contributed to child adjustment. The children also gave their views on this issue.

TABLE 29: WHAT HELPED CHILDREN MOST POST SEPARATION

FORM OF SUPPORT	PARENTS' VIEW N	%	CHILDREN'S VIEW N	%
Activities, peers, significant others	27	32.9	23	28.0
Family support	23	28.0	19	23.2
Stable environment	10	12.2	1	1.2
Other	9	11.0	7	8.5
Counselling	6	7.3	2	2.4
Any combination	3	3.7	-	-
Nothing can help	-	-	21	25.6
Reconciliation	-	-	5	6.1
Frequent visiting	-	-	9	11.0

At the pretest, a majority of the children (45, 54.9%) could not think of anything good about parental separation/divorce. Of the remainder, 16 (19.5%) reported having new experiences, 16 (19.5%) commented that there was now less fighting, 4 (4.9%) thought their parents were happier and 1 (1.2%) child stated that he saw the non-resident parent more often.

School History

A social worker interviewed each child's teacher during the pretest phase and again at the posttest and follow-up (refer chapter two). Many of the teachers (86.6%) indicated knowledge of the family situation prior to our contact. However, few (25.6%) had dealt directly with the child vis-à-vis the separation or divorce. The most common techniques employed by the teachers to assist children were recommending resource material and encouraging the child to express his/her feelings about the family situation. Even fewer teachers described dealing with the parents of their students about issues connected to family change. When communication did occur it tended to emphasize support to the parent or child-related concerns.

The majority of teachers (69, 84.1%) reported that the relationship with the child had existed only since the beginning of the school year. The pretest commenced approximately six weeks after the beginning of the 1982/83 year ($\bar{x}$ length of year at the time of the pretest was 52.09 days). The interview explored several areas including attendance patterns, academics and the social situation of the children. We were interested in determining the extent to which stress at home impacted upon the child at school. Wallerstein and Kelly (1979) have reported that approximately fifty percent of their subjects presented with school difficulties. According to the parents of our subjects, school was described as a

problem area in 40.2% of cases.

By and large, there were few difficulties reported with regard to attendance. Absences at the time of the pretest ranged from 0 to 12 ($\bar{x}$ of 1.63). Fifty-five children (67.1%) had either one or no absences. Similarly, 64.6% (53 children) had never been late for school. When "lates" were noted, the reasons were usually due to a lack of supervision (41.3%) and in a minority (13.4%) of cases deemed to be for an acceptable reason (eg. doctor's appointment). Many children (62.2%) remained after school and the most common reasons were (in descending order): for extra help or to finish assignments, to participate in extra-curricular activities, to help the teacher, for disciplinary reasons. These figures tend to support our previous experience that for some children the teacher and/or the school activities are an important support system.

Only a small percentage (18, 22.0%) of the children were thought to be working well below their grade and ability level. However, 33 (40.2%) of the sample had experienced a marked change in academic performance and achievement since the separation. The nature of the change was about evenly split between children whose academic performance had deteriorated and those exhibiting negative changes in emotional and behavioral domains. Teachers, for the most part, attributed the differences to factors related to the issue of family change. In some cases factors promoting improvement subsequent to a period of deterioration were also noted by the teachers. These ranged in order

of importance from extra attention directed to the child to supplementary academic support, counselling and greater parent involvement.

Twenty children (24.4%) were described as presenting behavior management problems to the teacher. The majority of those children were disruptive and talked out in class (70.0%) and the remainder (30.0%) were aggressive children who often participated in fights. Almost 81% of the sample were seen to be receiving support in varying degrees from peers; however, 9 (11.0%) children were depicted as loners and social isolates. With the Canadian divorce rate continuing to escalate, it is somewhat curious that on average teachers reported only 19.87% of their classrooms to be comprised of children from single parent families. Less than half the teachers (36, 43.9%) at the pretest were planning classroom activities related to the issue of family change. Of these, 72.2% were going to use sensitizing activities of an informal nature (eg. classroom discussion) while 27.7% were actually incorporating a specific planned learning unit into their classroom syllabus.

SUMMARY

As the foregoing has indicated, there was no "typical" child or parent experiencing the trauma of the family dissolution involved in our study. Some children were seen as severely affected and unable to act or initiate new living experiences for themselves. Others were able

to extract from the separation a more positive outlook on their future. The interview material described herein is rich in detail and illustrates the varying degrees of impact that family change has on children.

CHAPTER IV: OUTCOME REPORT

A. INTERVENTION MONITORING REPORT

Each treatment team consisted of two specially trained social workers who were required to independently complete an extensive and highly structured recording form immediately following each group session. The records formed a crucial part of the experiment in that they permitted the investigators to determine:

1. the extent to which the group syllabus (eg. prescribed themes, goals, foci and stimuli) was followed,
2. whether there were significant differences in the intervention received by children assigned to one treatment team vs. those assigned to the other,
3. the extent to which the characteristics of groups proposed by Shulman (1979) were realized (in other words, did the intervention procedure create and promote an actual group),
4. the relative importance (eg. occurrence, frequency) of each of Shulman's group characteristics to the type of intervention being tested with this population, and
5. any other factors or critical events perceived by clinicians to be crucial to children's adjustment or to impinge upon the success of this modality.

Each of the above issues will be briefly addressed in turn.

The Extent to Which the Prescribed Intervention Was Delivered

Each group session had a clearly stated theme, goal and focus. In addition, several suggested stimuli were made available to the treatment team each week. Due to the unpredictable needs of each group, problems or issues that were required to be dealt with during intervention, and any stylistic differences between leaders, it was not possible to fully prescribe stimulus material. Group leaders

were permitted to select from the material suggested those stimuli that would best enable the group to realize its theme, goal and focus. In addition, regular supervision and peer consultation sessions were held throughout the intervention phase to further ensure uniformity of service delivery and approach.

Themes and goals were rated by the clinicians on a five point continuum, with 1 being the minimum and 5 being the maximum. In 82.1% of cases the social workers rated the extent to which the stated goal was realized as four or better. The lowest rating given for any one group was a 3. There was within-team agreement across 62.5% of the groups. Where discrepancies occurred, they were only one point apart (for example, one social worker might rate the goal as a 4 and the other as a 5). Similar between-team agreement was observed. In every case, the stated goal was rated as essential to promoting child adjustment. In many cases the clinicians also noted additional sessional goals. These included issues related to group dynamics, unique content material (eg. child reactions to separation/divorce, problem-solving skills for divorce specific situations), information sharing, ventilation and peer support, and reiterating the child focus of the intervention program. The total mean number of goals that emerged was 2.0 per week. More goals were noted with respect to the parent groups than for the children's groups.

A similar trend was observed with respect to the stated weekly theme. In 84.9% of cases social workers rated the extent to which

the sessional theme was realized as 4 or better. Within-team agreement occurred in 72.9% of instances and again the discrepancies that were observed were minute. Between-team agreement closely resembled the pattern described above for goals. And once again, clinicians noted any other themes that may have emerged. More themes were noted in parent groups than in the children's groups. The mean number of themes was 2.2 per group - a reasonably small number which ensured discussions were topical. The range of additional themes was wide and included custody and access issues, spousal relationships, parent/child adjustment, dating and new relationships, coping strategies, feelings, and particular group issues. While all of these themes were already incorporated into the structure of the intervention, this summary indicates the extent to which they arose at other times during the program, although it varied in each group. For example, the members of one group might have a number of concerns about access and that theme could arise in any session, not only the one in which it was the stated theme. The emphasis during the course of treatment would be to deal with access issues in the designated session. Nevertheless, there was a limited degree of flexibility allowed to enable the treatment team to respond to individual member's needs.

Several types of stimuli were available for use in either the parents' or the children's groups. The social workers indicated that across all groups and both teams, only two types of stimuli were used in parents' groups: films and role play. While both were rated as

effective, films were more widely used and better received. Group work with latency-aged children, because of the developmental constraints, has to be partially activity based. We incorporated numerous stimuli into the program including films, games, role play, artwork, etc. The most often used and the most highly rated of these stimuli were the films and the games. Both treatment teams clearly indicated that when used appropriately (eg. an ice-breaking game in week one), the atmosphere was less threatening for the children, permitting the sessional goals to be more easily achieved. While stimuli were not as crucial to the process in the parent groups, when the same film was concurrently viewed by both participants there was strong evidence of greater client satisfaction.

Group Characteristics

Shulman (1979) proposed that groups have eight unique characteristics: the sharing of information, the discussion of ideas, the discussion of a taboo area, the all-in-the-same-boat phenomenon, mutual support, individual problem-solving, mutual demand, and rehearsal. We examined the group recordings for the existence of these characteristics to ensure that there was similarity in the experiences of subjects assigned to each treatment team. Each of the characteristics mentioned occurred in every group, however not necessarily each week. Some were clearly more crucial to the treatment experience than others and therefore were observed more often. Again, both within and between-team discrepancies were negligible and therefore will not be discussed.

TABLE 30: GROUP CHARACTERISTICS

CHARACTERISTIC	FREQUENCY OF OCCURRENCE *	
	Parents' Groups	Children's Groups
Sharing of information	100.0	100.0
Discussion of ideas	100.0	93.8
Discussion of a taboo area	51.1	37.5
All-in-the-same-boat phenomenon	66.7	62.5
Mutual support	100.0	52.1
Individual problem-solving	93.3	60.4
Mutual demand	53.3	41.7
Rehearsal	60.0	25.0

* Indicates an actual occurrence as a percentage of the total possible over the six week intervention program

Critical Events and Other Factors Impinging Upon Group Process

Four separate questions served to determine what, in the opinion of the clinicians, may have happened to influence or mediate the intervention. These critical factors could have potentially had either a positive or negative effect on child adjustment. In 93.5% of the groups, clinicians reported on events that occurred during a session which they felt directly fostered adjustment. By far the most frequent events fell into two clear categories: that of creative strategy or technique employed by the clinician to develop the weekly theme and goal (eg. a role play) and a strong sense of identification and peer

support. Other factors emerged (total group attendance, discipline issues, termination, a particular divorce experience) but occurred with considerably less frequency.

In every case, the clinicians were able to identify the critical event of the session. Within-team agreement occurred frequently and any observed differences were minor and can be attributed to the specificity of the categorizing process employed. There are between-team discrepancies clearly attributable to the differences between the subjects who comprised the groups. The most common crucial events fell into the category of group process (24.7%). Other categories in descending order of importance were: risking and self-disclosure (18.3%), feelings evoked by the stimulus material (15.8%), focus of the session (15.1%), discipline (12.9%), unresolved anger on the part of a group member (7.5%), and attendance (5.4%). A large percentage of the recordings (89.2%) indicated the incidence of other events which are potential mediating factors. There was a mix of positive and negative reports but clearly the largest percentage of these other significant events was positive. They came to be categorized as "easy group process" and were noted in 47.0% of cases. The next most commonly occurring category of events were "group issues" (eg. attendance, group size, members arriving late) and they were noted in 20.5% of the recordings. Other categories in descending order of occurrence were: problems in group members (8.4%), discipline or inappropriate behaviors (8.4%), stimuli (6.0%), equipment difficulties (4.8%), commitment to the program (3.6%), and outside events such as poor weather or parking

difficulties (1.2%). Within-team differences occurred in 39.5% of instances and for the reasons out ined already.

In 98.9% of the recordings the social workers were able to identify which element of the group process was critical to child adjustment. There was within-team agreement as to the nature of the critical event in 66.7% of the sessions. The most frequently noted events were those categorized as related to the theme and focus (37.0%), followed closely by stimuli and creative techniques (33.7%). Sharing of common experiences was rated third (21.7%). Other elements were problem-solving (4.3%) and expressions of negativity and anger (3.3%).

SUMMARY

It is clear from the preceding analysis that the standardized version of this model for intervention was utilized by all clinicians involved in this study. Whichever treatment team a child was assigned to did not affect the intervention experience in terms of stimulus presentation. Understandably, there were differences in the actual group experience or process. All of the characteristics defined by Shulman (1979) were found to be present. Some were more in evidence and more crucial to the intervention than others. Other mediating factors have been delineated. The importance of the peer consultation and supervision structure is evidenced by the high degree of within- and between-team agreement on many of the group variables discussed.

B. REPORT ON THE ANALYSIS OF STANDARDIZED MEASURES

Eight standardized psychometric measures were administered at the pretest for baseline purposes and again during the posttest and follow-up phases of this experiment. The measures were:

1. Behavioral Academic Self-Esteem (B.A.S.E.), Coopersmith (1982)
2. Devereux Elementary School Behavior Rating Scale, Spivak and Swift (1967)
3. Coopersmith Inventory (Adult Form), Coopersmith (1982)
4. Family Environment Scale (F.E.S.), Moos (1981)
5. Walker Problem Behavior Identification Checklist, Walker (1980)
6. Coopersmith Inventory (School Form), Coopersmith (1981)
7. Nowicki-Strickland Locus of Control Scale for Children, Nowicki-Strickland (1973)
8. Children's Attitudes Toward Parental Separation Inventory (C.A.P.S.I.), Kelly and Berg (1978).

The first two measures were completed by the child's teacher. The next three measures were administered to the resident parent. The children also completed the F.E.S. and items six through eight above. These measures consisted in total of sixty scales. Details are included in chapter two. The strategy for the analysis of this data was a multi-variate analysis using the MANOVA procedure with repeated measures, available in BMDP (Dixon et al., 1983). The primary focus of this portion of the analysis was to compare children in the experimental conditions with those in the control conditions as to

gains made over pretest scores. It was expected that, overall, the children in the experimental conditions would show a statistically significant improvement on these measures in comparison with the control group, and that those in which both the parent and the child were seen would do best.

Prior to commencing the actual analysis, the children's scores were compared to the norms available. The summary table which follows indicates the results.

TABLE 31: SUMMARY OF CHILDREN'S PRETEST SCORES COMPARED TO NORMATIVE DATA

MEASURE	COMPUTED $\bar{X}$ SCORE	REPORTED NORM	
		Boys	Girls
B.A.S.E. (total)	56.96	55.20	57.65
DEVEREUX			
Scale 1 - Classroom Disturbance	10.61	9.00	
Scale 2 - Impatience	10.43	9.75	
Scale 3 - Disrespect-Defiance	6.30	5.75	
Scale 4 - External Blame	6.02	6.50	
Scale 5 - Achievement Anxiety	9.13	8.25	
Scale 6 - External Reliance	14.07	13.75	
Scale 7 - Comprehension	12.87	12.75	
Scale 8 - Inattentive-Withdrawn	9.87	9.25	
Scale 9 - Irrelevant-Responsiveness	7.13	7.50	
Scale 10- Creative Initiative	10.73	11.25	
Scale 11- Need Closeness To Teacher	13.50	14.25	
Scale 12- Unable to Change	2.39	2.25	
Scale 13- Quits	2.58	2.65	
Scale 14- Slow Work	2.87	2.75	

TABLE 31: Summary of Children's Pretest Scores Compared to Normative Data - continued

MEASURE	COMPUTED $\bar{X}$ SCORE	REPORTED NORM	
COOPERSMITH INVENTORY (ADULT FORM)	69.51	70.0	
F.E.S. (Parent)[1]		Normal	Single Parent
Scale 1 - Cohesion	8.38	6.61	6.24
Scale 2 - Expressiveness	5.61	5.45	5.45
Scale 3 - Conflict	6.55	3.31	4.28
Scale 4 - Independence	5.55	6.61	6.58
Scale 5 - Achievement Orientation	5.42	5.47	5.47
Scale 6 - Intellectual-Cultural Orientation	6.15	5.63	5.61
Scale 7 - Active Recreational Orientation	5.79	5.35	5.61
Scale 8 - Moral-Religious Emphasis	6.61	4.72	4.06
Scale 9 - Organization	6.67	5.41	4.99
Scale 10- Control	7.89	4.34	4.22
F.E.S. (Child)[1]			
Scale 1 - Cohesion	7.47	refer above	
Scale 2 - Expressiveness	4.45		
Scale 3 - Conflict	5.27		
Scale 4 - Independence	5.21		
Scale 5 - Achievement Orientation	5.86		
Scale 6 - Intellectual-Cultural Orientation	5.97		
Scale 7 - Active Recreational Orientation	5.91		
Scale 8 - Moral-Religious Emphasis	5.64		
Scale 9 - Organization	6.00		
Scale 10- Control	6.06		

TABLE 31: Summary of Children's Pretest Scores Compared to Normative Data - continued

MEASURE	COMPUTED $\bar{X}$ SCORE	REPORTED NORM	
WALKER PROBLEM BEHAVIOR IDENTIFICATION CHECKLIST		Boys	Girls
Scale 1 - Acting Out	9.07	3.20	1.05
Scale 2 - Withdrawal	1.59	1.59	1.59
Scale 3 - Distractibility	4.41	3.77	1.33
Scale 4 - Disturbed Peer Relations	3.78	1.18	0.35
Scale 5 - Immaturity	3.19	0.76	0.52
COOPERSMITH INVENTORY (SCHOOL FORM) (Total Score)	74.20	70.0 [2]	
NOWICKI-STRICKLAND LOCUS OF CONTROL	15.60 [3]	15.77 [4]	
C.A.P.S.I.			
Scale 1 - Peer Ridicule	7.24	6.85	
Scale 2 - Paternal Blame	7.39	5.96	
Scale 3 - Fear of Abandonment	8.22	7.50	
Scale 4 - Hope of Reunification	6.68	5.94	
Scale 5 - Maternal Blame	8.72	8.32	
Scale 6 - Self-Blame	8.12	7.04	

1. Short version (40 items) was administered. The $\bar{x}$ scores reported here represent transpositions to the full test range of the actual score.

2. Scores of 70 are considered normal for self-esteem.

3. Short version (19 items) was administered. The $\bar{x}$ score reported here represent a transposition to the full test range of the actual score.

4. Based on one sample of 30 children (10 years) from a single parent family.

Table 31 indicates that for the B.A.S.E., Devereux, Coopersmith Inventory Adult Form and the Coopersmith Inventory Child Form, there were only minor variations between our sample and the normative data. With regard to the F.E.S. (Parent), our sample scored higher on scales 1, 2, 3, 6, 7, 8, 9 and 10 than the "normal" and single parent families on whom the measure was normed. This sample scored slightly lower on scale 4 than the norm and about the same on scale 5. The children's pretest results are similar. Scales 1, 3, 8, 9 and 10 indicated higher scores for our sample while scales 2 and 4 were slightly lower than the norm. Scales 5, 6, 7 were marginally higher than the norm. Self-esteem measures completed by both parent and child indicated scores falling in the acceptable range. Four of the five Walker Problem Behavior Inventory Checklist Scales indicated this sample to be experiencing more problems than the norm for either boys or girls. Scale 1, acting out, had a significantly higher difference than the norm. The most striking difference occurs with respect to the C.A.P.S.I. This sample, at the pretest, presented as better adjusted than the norm.

The statistical processing of the data began with an examination of the full model (for example: the three experimental conditions, two teams of two counsellors, and three time periods: pretest, posttest and follow-up). The primary interest in this analysis was to determine the impact that treatment had on the children's scores and whether those improvements held over time. The data were also examined to determine whether counsellor was a significant factor. It was postulated

that if the counsellor variable did not yield significant results in the multivariate analysis, the model could be collapsed to simplify the statistical complexity. Lack of significance for this factor might also have some implications on a clinical and service delivery level. For example, with no counsellor differences we could conclude that most well-trained mental health professionals could deliver the program. This will be an important consideration for service agencies and particularly those located in smaller communities throughout the country where there may not be many previously trained staff.

As soon as the pretest data were available, an analysis of variance with the appropriate a priori contrasts was performed to test for significant differences between the groups at baseline. With the exception of one F.E.S. subscale, there were no significant findings indicating that all groups were comparable at the pretest on the standardized scales.

The test for treatment effect created by the MANOVA procedure yielded a three factor (2 x 4 x 3) (counsellor x group x time) design with repeated measures. All sixty subscales described at the beginning of this section were entered into the analysis.

While treatment effects were discernible from the analysis, the extent of significant findings was limited. As predicted the factor of counsellor was not found to have a significant effect. Plots constructed for each scale where significance was found indicated

no clear pattern. For example, sometimes Condition III children fared best and at other times Condition I children proved to have made the greatest gain over pretest scores. Of the statistical effects obtained in the MANOVA analysis, only those with a significant group x time interaction will be discussed. The findings are summarized and presented by measure.

The second stage in the multivariate procedure was an analysis of relative treatment effectiveness (experimental conditions only) taking into account attendance in the intervention program. Some of the subjects assigned to treatment conditions had little exposure to the program due to extenuating and unpredictable circumstances (eg. a parent became seriously ill and therefore could not attend). In the early stages of the analysis, it was thought that attendance could potentially affect the incidence of significant outcome results. For purposes of this analysis only, children were designated as "high attenders" if they were present for five or six sessions. All other children were considered "low attenders". The "high attender" designation was conservative to test the data more fully. For children assigned to Condition III, the combined and averaged attendance of both the parent and the child was calculated and, on the basis of the result, children were assigned to either the high or low attendance category.

Devereux Elementary School Behavior Rating Scale

The Devereux (Spivak and Swift, 1967) is a behavior rating scale

of forty-seven items completed by teachers about their students. It consists of eleven subscales (9 contain four items each, 1 contains five items and 1 contains three items). There are also three single items given subscale weighting.

The subscales are:

1. Classroom Disturbance
2. Impatience
3. Disrespect-Defiance
4. External Blame
5. Achievement Anxiety
6. External Reliance
7. Comprehension
8. Inattentive-Responsiveness
9. Irrelevant-Responsiveness
10. Creative Initiative
11. Needs Closeness to Teacher

Additional items:

12. Unable to Change
13. Quits
14. Slow Work

The subscale names describe reasonably well the observed classroom behaviors, and need not be explained further. This measure has been widely utilized in educational and child guidance facilities. Norms are provided on the test booklet and information as to validity is available from the Devereux Foundation in Pennsylvania. All of the fourteen subscales were utilized in this experiment.

Outcome

The school interviewer administered this measure during interviews with the child's teacher at each of the three data collection points, and as close to the timing of the family's interviews with the case manager as possible. Scale scores were computed and entered as variables in the multivariate analysis. Scales with a negative orientation (eg. scale 1, Classroom Disturbance) were reversed so that higher scores denoted adjustment. Differences between the experimental and control groups were found to be significant at the $p < .03$ level. The particular scales in the Devereux measure which contributed to findings of significance were scales 1, 4, 6, 13. Plots were constructed for each of these scales in order to interpret the data. A consistent pattern did not emerge. We were not able to conclude that the children in the experimental groups always performed better than the controls. Conclusions as to the relative merits of the variations in treatment were difficult to draw. Two of the plots are included here to illustrate the findings. For example, on scale 4 (External Blame) all of the children in the experimental conditions scored significantly better than the control group children at the posttest - as predicted (refer to Figure 3). Scale 13 depicts a different pattern (refer to Figure 4). Scores for Condition III and control group children indicate a drop at the posttest, while scores for Condition I and Condition II children show gain.

FIGURE 3: OUTCOME RESULTS FOR DEVEREUX ELEMENTARY SCHOOL BEHAVIOR RATING SCALE SCALE 4 (EXTERNAL BLAME)

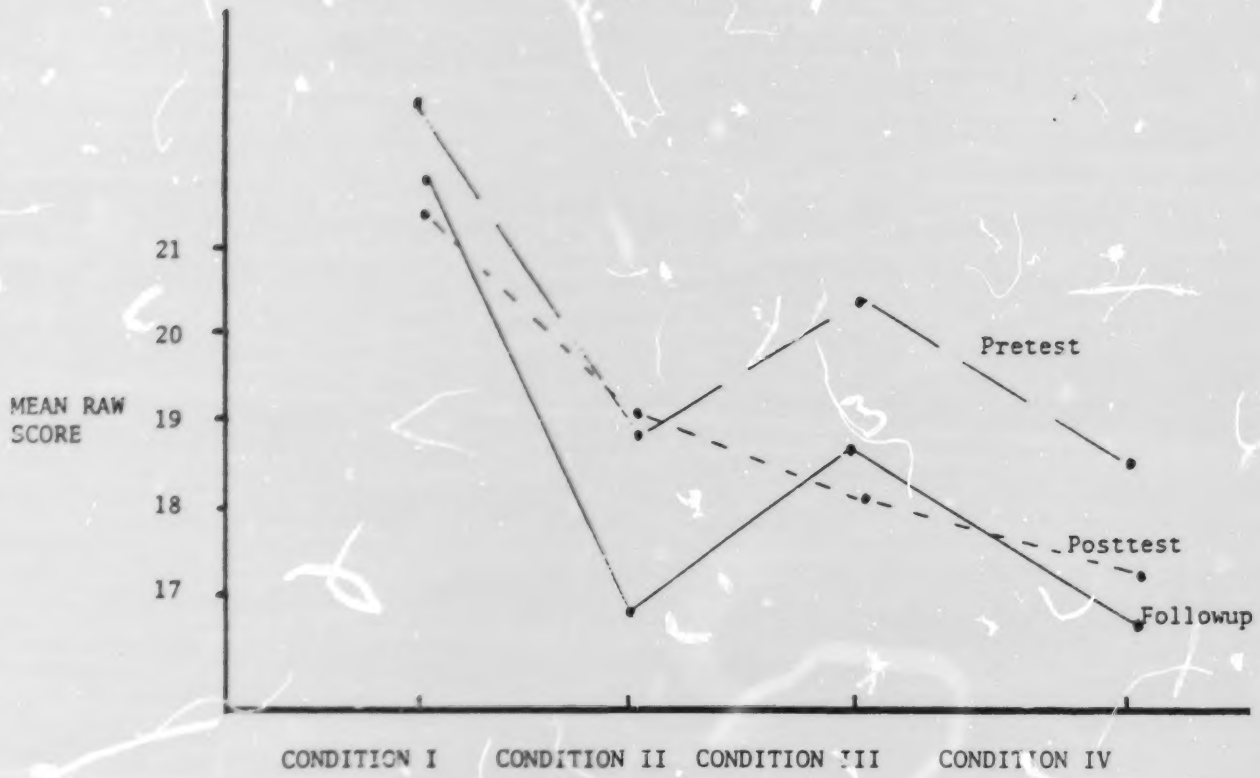
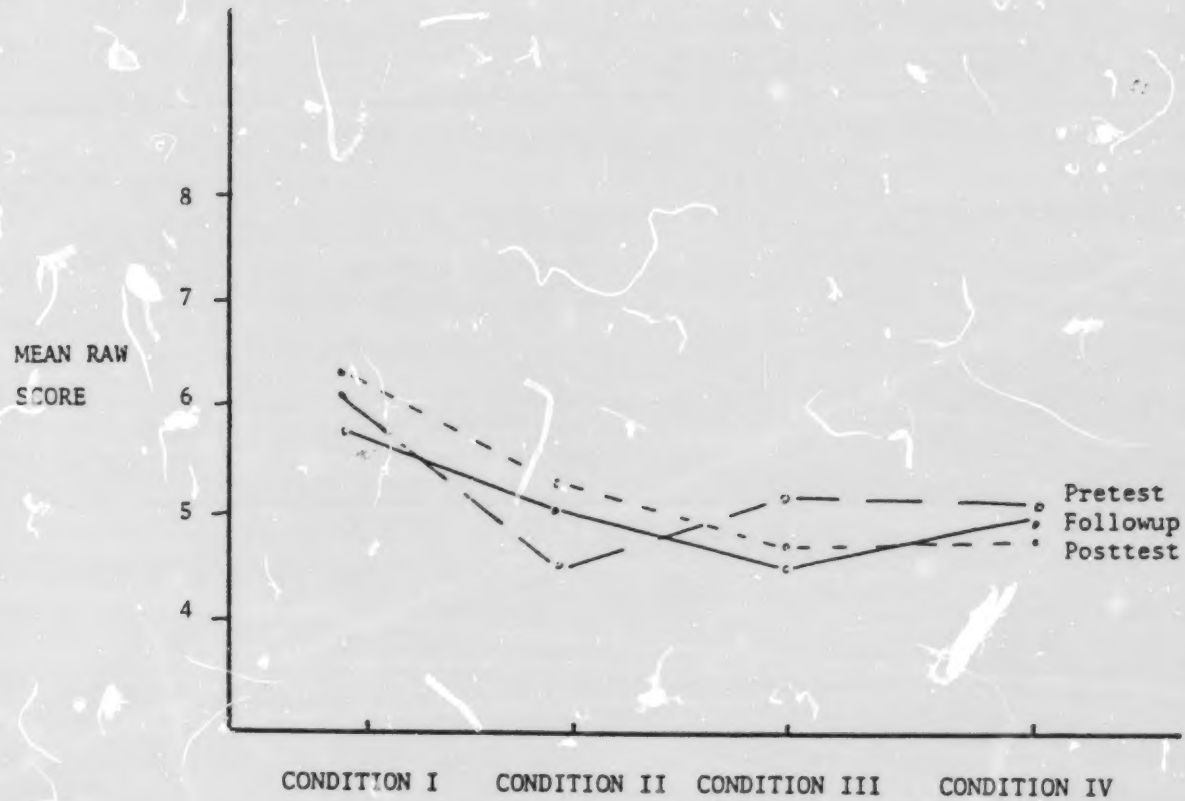


FIGURE 4: OUTCOME RESULTS FOR DEVEREUX ELEMENTARY SCHOOL BEHAVIOR RATING SCALE SCALE 13 (QUITS)



Family Environment Scale (F.E.S.)

The F.E.S. (Moos, 1981) is a psychometric instrument which measures the social climate of families. Form R was utilized in this study to examine the child's and his/her resident parent's perceptions of their family environment. The revised F.E.S. Manual provided references and validation for this measure. There are several sets of norms available, including a set for single parent families.

The ten subscales which comprise Form R "assess three underlying domains, or sets of dimensions: the Relationship dimensions, the Personal Growth dimensions, and the System Maintenance dimensions" (Moos, page 1). Each dimension is defined below. The following scale definitions have been excerpted from the manual.

F.E.S. Subscales and Dimension Descriptions

Relationship Dimensions

1.	Cohesion	the degree of commitment, help and support family members provide for one another
2.	Expressiveness	the extent to which family members are encouraged to act openly and to express their feelings directly
3.	Conflict	the amount of openly expressed anger, aggression and conflict among family members

Personal Growth Dimensions

4.	Independence	the extent to which family members are assertive, are self-sufficient, and make their own decisions
5.	Achievement Orientation	the extent to which activities (such as school and work) are cast into an achievement oriented or competitive framework
6.	Intellectual-Cultural Orientation	the degree of interest in political, social, intellectual and cultural activities
7.	Active-Recreational Orientation	the extent of participation in social and recreational activities
8.	Moral-Religious Emphasis	the degree of emphasis on ethical and religious issues and values

System Maintenance Dimensions

9.	Organization	the degree of importance of clear organization and structure in planning family activities and responsibilities
10.	Control	the extent to which set rules and procedures are used to run family life

(Moos, 1981, page 2).

Outcome

The resident parent and the child completed this measure independently but under the supervision of the case manager.

FIGURE 5: OUTCOME RESULTS FOR FAMILY ENVIRONMENT SCALE 5

PARENTS' SCORES (ACHIEVEMENT ORIENTATION)

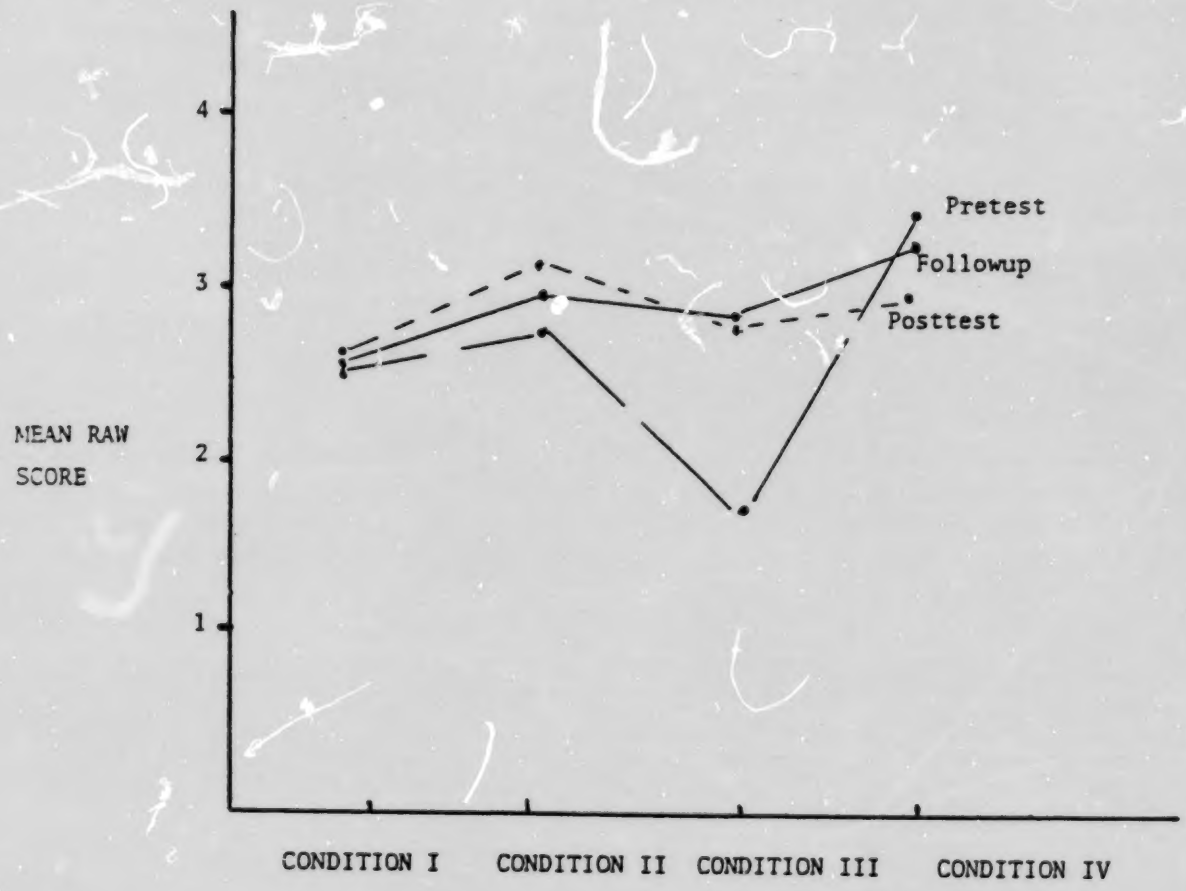
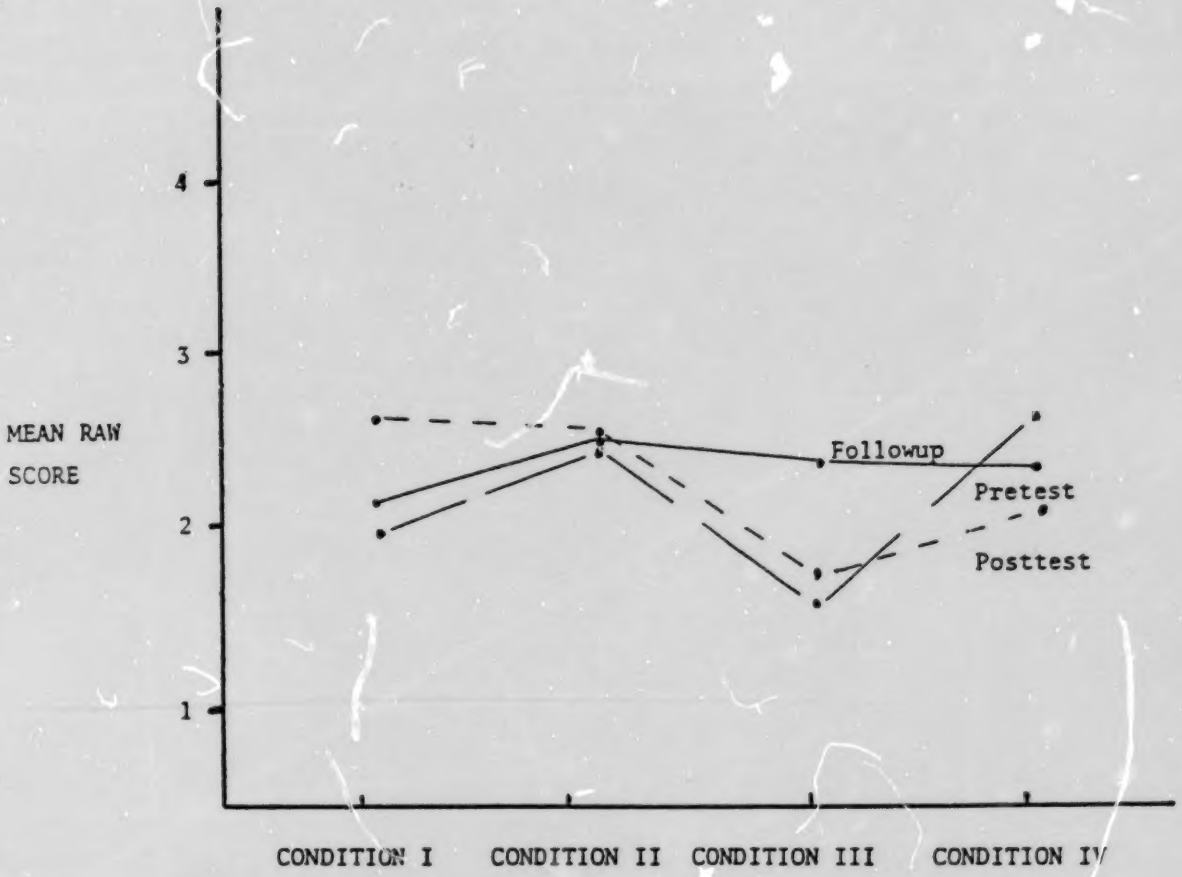


FIGURE 6: OUTCOME RESULTS FOR FAMILY ENVIRONMENT SCALE 10
CHILDREN'S SCORES (CONTROL)



Subscale scores were calculated for both family members and entered into the multivariate analysis. On several scales significant differences between the experimental and control groups were noted. For the parents, scales 3, 5, 7, 9 and 10 indicated significant differences between groups ($p < .001$). Similar results were obtained with respect to the children for scales 7, 9 and 10 ($p < .02$). In some cases children assigned to the experimental groups scored significantly better than children in the control group. The pattern of gain was not always consistent. The plot for scale 5* (Achievement Orientation) (refer to Figure 5) is illustrative of outcome. The results for this scale depict the gains the experimental group made over their control counterparts. A similar picture emerged for the scores derived from the children's responses (refer to Figure 6). Scale 10** (Control) is illustrative of the pattern predicted in the hypotheses.

The Effect of Attendance

To test for the effects of attendance, a three factor (2 x 3 x 2) (counsellor x group x high/low attendance) multivariate analysis of variance (MANOVA) was performed. This design resembled the full-model approach already outlined. For this analysis, only the scores of

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* F.E.S. Parent

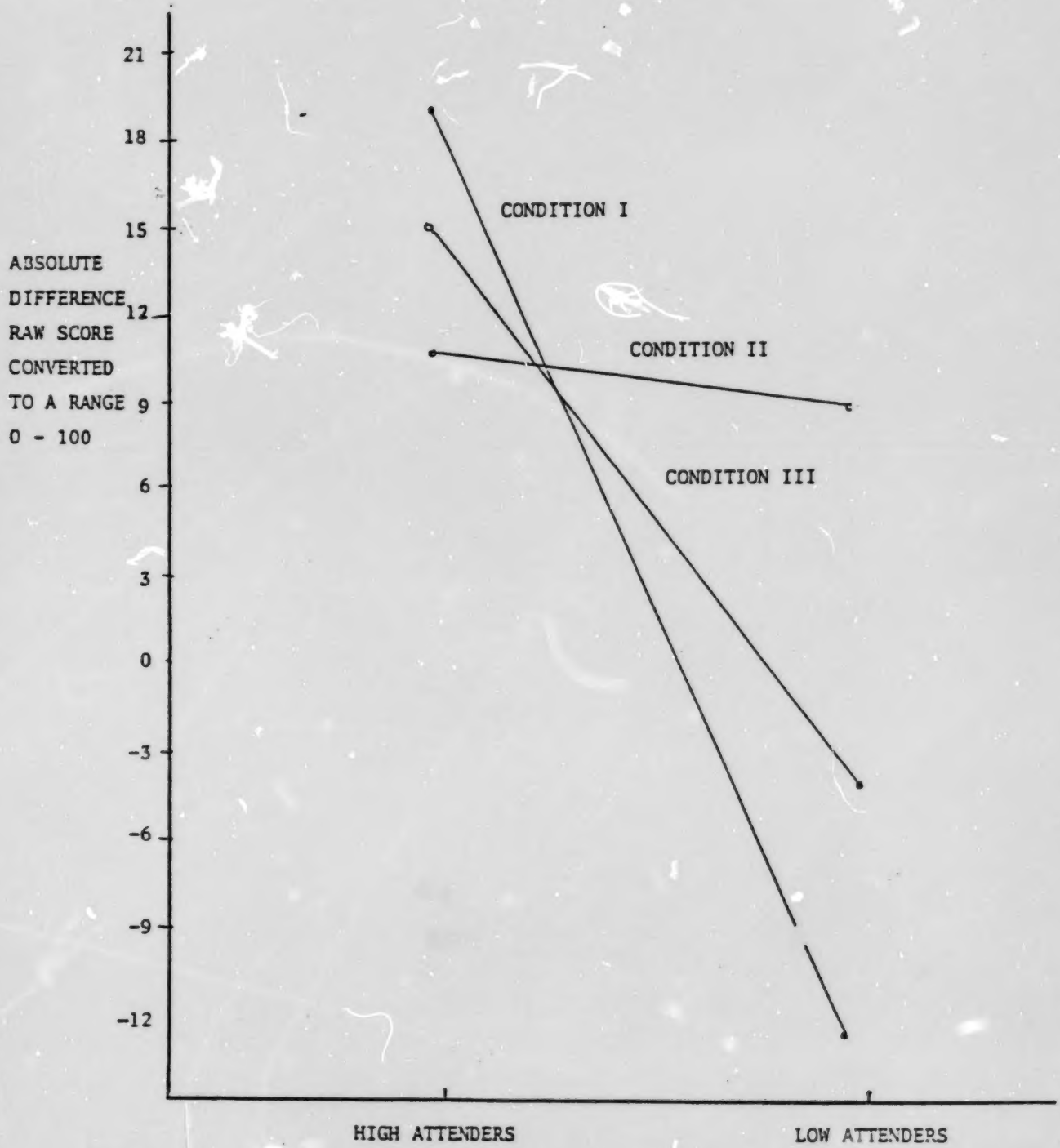
** F.E.S. Child

those children assigned to the experimental conditions were utlized and attendance was characterized as low and high, as explained earlier (refer page 92). All subscale scores were transposed onto a uniform range of 0-100. Difference scores were then calculated by subtracting the posttest score from the pretest score. The goal of the analysis was to determine whether there was a main effect of attendance on children's scores. All possible combinations of interaction effects were also examined. Results for which a finding of significance was obtained will be discussed.

A main effect for attendance was found on several of the F.E.S. scales completed by the parent at the $p < .01$ level of significance (scales 2, 6, 7). Group x attendance interactions were found on other scales (1, 4, 6, 8) of the same measure and were significant at the $p < .01$ level. Plots were constructed for all of these scales in order to more closely examine the data. A sample (refer Figure 7) is attached. The plot for F.E.S. Parent Scale 4 exemplifies the expected pattern - high attenders making significantly more gains than low attenders. The downward slope (from left to right) indicates a significantly higher proportion of improvement for high attenders. However, not all scales conformed to the pattern predicted by the hypotheses.

We examined the data to isolate any variables contributing to the outcomes that were produced. Two confounding factors emerged: the phenomenon of "end of scale occurrence" and concurrent counselling

FIGURE 7: COMPARISON OF HIGH AND LOW ATTENDEES SCORES FOR FAMILY ENVIRONMENT SCALE 4 (INDEPENDENCE) AS COMPLETED BY PARENTS



received elsewhere. Both will be discussed in detail later in this chapter. We noted that, overall, the proportion of gain for high attenders between the baseline and posttest was much greater than for low attenders. Evidence of this gain with respect to several scales for which significance did not otherwise emerge is shown in Table 32 below. For example on scale 4 of the C.A.P.S.I., high attenders had a proportional gain of 166.82% between the baseline measurement and the posttest while low attenders only gained 0.45%. The difference is substantial but not sufficient to produce significance. The subscales presented below were randomly selected.

TABLE 32: GAIN SCORES AND ATTENDANCE

MEASURE	Scale	Proportion of Gain for Low Attenders (Posttest-Pretest Score)	Proportion of Gain for High Attenders (Posttest-Pretest Score)
DEVEREUX	1	0.08	148.17
F.E.S. (Parent)	1	0.06	166.99
	3	185.14	250.15
	9	0.28	83.58
F.E.S. (Child)	3	185.32	499.94
	4	-0.18	83.55
	6	0.01	83.41
	8	0.21	166.94
C.A.P.S.I.	4	0.45	166.82
	5	-0.02	33.29

Analysis of Covariance

Many of the standardized instruments contained total scores as well as subscale scores. As described, the subscale scores were processed using a multivariate procedure. The measures which had total scores were examined by means of analysis of covariance available through SPSS (Nie et al., 1975). The instruments treated in the latter way were the B.A.S.E., F.E.S. (Incongruence Score), Walker Behavior Rating Scale, Coopersmith (School Form), Coopersmith (Adult Form), Nowicki-Strickland Locus of Control and the C.A.P.S.I. A two factor (2 x 2, i.e. Parent x Child) design was constructed. Raw scores were utilized to compute totals that could be entered as variables. Another variable, that of experimental condition, was recoded so that each of the factors had only two levels:

Parent - did or did not participate in the intervention
Child - did or did not participate in the intervention

It should be noted that this analysis was performed as though there were two separate experiments. In other words, treatment Team A subjects' scores were run separately from treatment Team B subjects' scores. The reasons for this decision are discussed in section (D), Analysis of Suppressors.

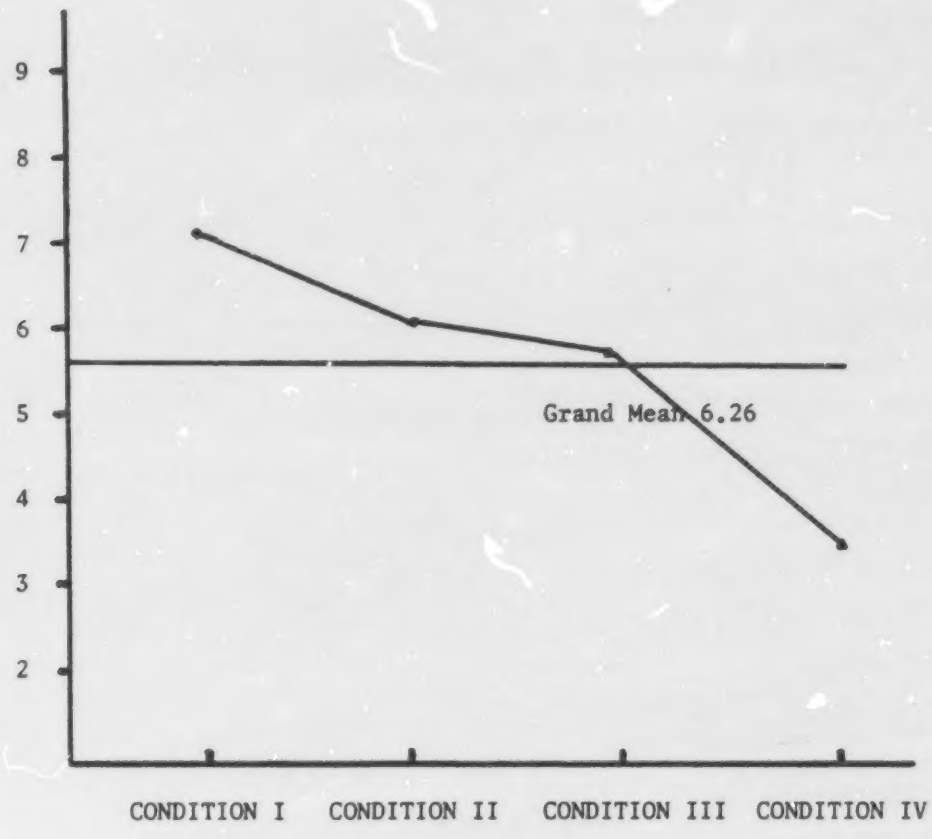
Examination of the pretest scores indicated that the ranges were often substantial. This method of analysis permitted the child's entrance score to be controlled for while testing for significant

differences at the posttest and the follow-up time periods. Of the statistical effects obtained in the covariance analysis, only significant results will be discussed. The following table summarizes the significant differences between the experimental and control groups for each treatment team.

TABLE 33: ANALYSIS OF COVARIANCE - SUMMARY OF FINDINGS

MEASURE	FINDINGS OF SIGNIFICANCE	
	Posttest	Follow-Up
Team A		
B.A.S.E.	2 way interaction $p < .01$	-
WALKER BEHAVIOR RATING SCALE	2 way interaction $p < .04$	-
COOPERSMITH (SCHOOL FORM)	2 way interaction $p < .05$	child $p < .01$
COOPERSMITH (ADULT FORM)	2 way interaction $p < .03$	-
NOWICKI-STRICKLAND LOCUS OF CONTROL	parent $p < .01$	child $p < .08$
Team B		
B.A.S.E.	-	child $p < .02$
F.E.S. Incongruence	main effect $p < .06$	-
COOPERSMITH (SCHOOL FORM)	-	child $p < .03$
COOPERSMITH (ADULT FORM)	-	child $p < .02$
NOWICKI-STRICKLAND LOCUS OF CONTROL	2 way interaction $p < .04$	parent $p < .02$

FIGURE 8: OUTCOME RESULTS FOR NOWICKI-STRICKLAND LOCUS OF CONTROL SCALE (TREATMENT TEAM B CHILDREN) AT POSTTEST*



* From Analysis of Covariance

Overall, the number of significant findings exceeds those expected by chance with a ratio of just over 2:1. Plots were subsequently constructed for each of the scales contained in Table 33, in order to more fully examine the results. While the number of instances of significance was encouraging, the plots illustrated that there were similarities to those plots constructed from the results of the multivariate analysis. Figure 8 depicts the expected outcome - all the experimental groups scored higher than the grand mean and significantly higher than the control group.

C. FACTOR ANALYSIS OF PARENT COPING

There has been some suggestion in the literature that enhanced parental coping after a marital separation promotes successful child adjustment (for example: Mannheim, 1982). As part of this research, information was collected about what sorts of factors were helpful to the parents in adjusting to the changing family structure. Berman and Turk's Coping and Adjustment Questionnaire (Berman and Turk, 1980) was completed by the resident parent at the pretest and again at posttest and follow-up. It is comprised of fifty-three coping strategies which respondents rate in terms of helpfulness using a four-point scale from "not at all helpful" to "very helpful".

The SPSS principal factoring method with iterations and varimax rotation was used to analyze the pretest responses. Six factors, representing 63.4% of the variance of the original correlation matrix, were delineated. They represent the following coping patterns.

TABLE 34: RESIDENT PARENTS' COPING PATTERNS

	COPING PATTERN	COPING FACTORS AND FACTOR LOADINGS					
		I	II	III	IV	V	VI
Factor I: Autonomy							
7	Living near my parents	.56					
11	Taking evening courses	.64					
20	Developing new friendships	.67					
31	Developing intimate sexual relationships	.50					
36	Getting involved in social activities with others	.69					
39	Keeping busy with other activities	.64					
45	Talking with others who are divorced or widowed	.79					
50	Learning new skills or hobbies	.69					
53	Going to school	.50					
Factor II: Building Social Supports							
4	Taking a more positive attitude toward life		.49				
13	Maintaining close relationships with old friends		.56				
19	Expressing my feelings with friends		.55				

TABLE 34: Resident Parents' Coping Patterns - continued

COPING PATTERN	COPING FACTORS AND FACTOR LOADINGS I	II	III	IV	V	VI
Factor III: Rejection						
8 Buying all kinds of things			.48			
18 Punishing myself			.59			
46 Changing my appearance			.69			
Factor IV: Altruism						
2 Going to church				.80		
12 Attending church-related activities				.73		
37 Believing in God				.63		
44 Doing volunteer work				.59		
Factor V: Catharsis						
24 Crying					.66	
28 Talking to a therapist or counsellor					.63	
Factor VI: Blaming						
10 Withdrawing or getting away						.55
23 Drinking alcohol						.78
32 Reliving the past						.67
Eigen Values	7.54	4.86	4.42	3.25	3.19	2.95
Cumulative Percent of Variance Accounted For:	18.20	30.00	40.70	48.60	56.30	63.40

The first factor depicts a positive coping pattern and captures nine of Berman and Turk's items. All of these items represent positive strategies on the part of the parents to become separate and well functioning individuals. The second coping pattern identified in the factor analysis also had a positive orientation. The three items which comprise this factor are indicators of attempts to build and develop support networks. The next pattern, rejection, consists of three items all deemed to represent a failure to move beyond the initial stages in the separation process. Factor IV, altruism, combines four items related to reliance on faith. Two items denoted the fifth factor, catharsis. This strategy was interpreted as positive and was an indication of the respondents' ability and/or willingness to free themselves from the emotional tension and stress of marital disruption. The three items which combined to form the sixth factor, blaming, were all negatively oriented and were related to futile ways (eg. alcohol consumption) of dealing with the effects of family change. Coping scale scores were calculated for each factor by means of an unweighted summing of the parents' ratings across each coping factor.

Means for each of the experimental conditions and the control group were computed from the baseline data. Similar calculations were made with posttest and follow-up data. The analysis of variance procedure available through SPSS (Nie et al., 1975) was employed to test for any differences which might be statistically significant. The means for virtually every factor followed the expected pattern (for example: higher for factors I, II, IV, VI and lower for factors III, V). The

differences were not sufficiently large overall to produce a finding of statistical significance.

Two other points must also be addressed vis-à-vis the interpretation of the parent coping material. First of all, the intervention program has a child focus. Parents come together primarily as parents and not as separating individuals. While the very nature of the model creates the potential for mutual support and self-help among the adults as separated persons, this is not a goal of the intervention. One, therefore, would not necessarily expect or predict change in parent coping patterns as a direct result of participation in this program. Secondly, while the trend in the means is clearly in the direction desired, no consistent pattern emerges. It must be remembered that half the parents were not seen during the intervention phase of the project (Condition II and the control group). It would be somewhat presumptuous to expect change from parents who had not received any intervention. We hope to be able to use the coping patterns identified in this analysis in future examination of the data to construct profiles for predicting successful outcome.

D. ANALYSIS OF SUPPRESSORS

The complexity and variability observed in the analysis of the standardized material prompted us to re-think the strategy for data analysis of this experiment. We consulted with other centers engaged in researching interventions with the separating and divorcing population. It was quickly established that the research currently in

progress elsewhere was leading to very similar findings. Several investigators including Wallerstein and Huntington (Center for the Family in Transition in Corte Madera, California), Bloom (Department of Psychology, University of Colorado) and Warren (The University of North Carolina at Chapel Hill, Department of Psychiatry) indicated to us that, in their experience, standardized instruments were not yielding significant findings. In every case, the research groups had selected a range of measurements to monitor child adjustment pre and post intervention. In every case, including our own, the interview material is proving to be interesting and is more likely to be an indicator of change. We have concluded that the standardized instruments currently available are geared, in the main, to identifying pathology and do not adequately capture responses to a life crisis event. This issue will be expanded upon in the final chapter.

The second avenue we pursued was to examine the data for possible suppressors. The independent judgements of all the social workers involved in the experiment and of the participants (parents and children) supported the hypotheses outlined earlier in this report. We could see change in the children, sometimes quite significantly so at the posttest, but the standardized instruments did not seem to capture the full extent of these changes. Re-examination of the data in conjunction with a limited deviant case analysis was most illuminating in this regard. We have concluded that there is evidence to

support the notion of suppressors and we have delineated two categories of suppressors. Firstly we will discuss suppressors affecting the total sample and secondly, suppressors affecting subgroups.

Suppressors Affecting the Total Sample

Three separate conditions occurred which affected the whole sample. To further complicate matters, these conditions in some cases interacted simultaneously. First of all, there is clear evidence of the phenomenon of an "end of scale occurrence". Many of the children scored, at baseline, very high on the standardized measures so little room remained for improvement which would be statistically significant. For example, on the C.A.P.S.I. each subscale had a maximum raw score of ten. The mean scores for each scale for the total sample are as follows.

TABLE 35: COMPARISON OF PRETEST AND POSTTEST SAMPLE MEANS ON THE C.A.P.S.I.

SCALE	Pretest Mean	Posttest Mean
Peer Ridicule	7.244	7.731
Paternal Blame	7.390	7.487
Fear of Abandonment	8.220	8.564
Hope of Reunification	6.683	7.359
Maternal Blame	8.720	8.769
Self-Blame	8.122	8.628

In all cases the posttest means are higher. A series of scattergrams was constructed for each of the sixty subscales to examine the distribution of scores and the direction of change. In virtually every case the scores lay in the upper right quadrant of the plot (indicating improvement). While the trend in the raw scores is clearly towards improvement, many of the gains can not be shown to be significant.

The second suppressor of treatment effectiveness was attendance. Similar versions of the intervention program had been offered to the community as one of the Agency's ongoing services for several years prior to the commencement of the research project. Attendance had been virtually perfect in series after series. When absences were experienced they were due to extenuating and unpredictable circumstances such as serious illness. Attendance in the group conducted for research purposes followed a different pattern. Subjects were initially categorized as "low" or "high" in order to identify conditions which may have impinged upon attendance.

TABLE 36: SUMMARY OF ATTENDANCE BY CONDITION*

ATTENDANCE	Team A		Team B	
	N	%	N	%
Never	5	16.12	2	7.70
Low (1-2 times)	4	12.90	8	30.80
High (3 or more times)	22	70.96	16	61.53
Total	31	99.98	26	100.03

* Total combined and averaged attendance for Condition III participants

As illustrated in Table 37, analysis of the interview material indicates that families volunteered to participate in the research for a variety of reasons which were not necessarily related to counselling needs. On the other hand parents who have approached the Agency for counselling services in the ongoing clinical program always want specific assistance for themselves or their children.

TABLE 37: PARENTS' REASONS FOR PARTICIPATION

RESPONSE	N	%
Parent Goals		
Non-specific goal (eg. to be part of research, help others, etc.)	25	30.5
Clearly articulated purpose (eg. understand and better handle my child)	57	69.5
Total	82	100.0
Child Goals		
Non-specific goal	12	14.6
Provide an opportunity for child to deal with his/her feelings	44	53.7
Promote child adjustment and/or acceptance (eg. meet other children from single parent families, learn divorce specific problem-solving skills)	26	31.7
Total	82	100.0

The figures reported in Table 37 were also examined by condition and group. The parents of most subjects (71.4%) assigned to treatment Team B (the team whose subjects had a longer $\bar{x}$ length of separation) tended to have non-specific goals. Parents of treatment Team A's subjects (shorter $\bar{x}$ length of separation) more frequently expressed specific presenting issues (eg. handling my children better) as their reason for participating. More parents assigned to treatment Team A described specific goals (such as dealing with feelings) as reasons

for wanting their children to participate. It is interesting that 70.0% of those parents who wanted their children to meet others in similar circumstances were in the longer separated (Team B) group.

We have examined the data and concluded that attendance was influenced by reason for participation. Those families who came because "the teacher suggested it" were less likely to be regular attenders than families where specific child concerns were identified (for example: "I am having a hard time" or "My child is often sad and seems to withdraw from me"). We evaluated the possibility of excluding "low attenders" from the analyses. This possibility was rejected. Many of the "low attenders" had scores which indicated gains, as was true of some control children. We discovered that approximately thirty percent of the sample was simultaneously receiving counselling (parent or child or both) elsewhere. While we had at the pretest requested that families not seek additional therapeutic support between the pre and posttest, we were powerless of course to insist on it. In addition, we had no practical way of determining how effective the counselling was that participants received elsewhere.

Lastly, we have become aware of the therapeutic effect of participation in the data collection process. Bloom (1984) found that the mere fact a counsellor expressed interest in and devoted time to separated or divorced clients had positive results.

Participation in this project required a telephone intake interview (approximately twenty minutes in length) and three separate parent/child interviews that lasted approximately two hours each for one child families and longer for two or three child families. Statistics indicate that 33.0% of Agency cases are closed after one interview with an average interview time of seventy minutes. Controls and low attenders all received substantially more service than many of the Agency's regular clients. In addition to the face-to-face and telephone contact, clients were able to use the resource materials. While both the control and the experimental groups had equal access to these kits, we were impressed by the extent to which control group families reported utilizing what had been made available. At the posttest interviews, for example, some children made clear reference to coping strategies contained in The Boys and Girls Book About Divorce. This suggests that the resource kits were a form of counselling for control group families.

A recent incident further served to emphasize this issue. A publication describing the research aspects of this project was prepared and copies were given to those participant parents who requested them. The research design and various treatment conditions were clearly explained. A parent wrote to us to comment on this publication and to express her appreciation for the help she received. She ended her letter with the following: ".. and I was in the parent and child group (Condition III). My son mentioned to me that

he felt much less angry by the end of the school year..." In fact, this family had been assigned to the control group.

Suppressors Affecting Subgroups

At the commencement of the data analysis two sets of tests were done to ensure that all of the eight groups (three experimental conditions assigned to two treatment teams and two control groups) were comparable. Similarity would permit the model to be collapsed. An analysis of variance - the one-way procedure with a priori contrasts and Scheffé's test, available in SPSS (Nie et al., 1975) - was used to examine all the scores derived from the standardized measures. Also, ten variables were selected from the interview material and processed with the CROSSTAB facility available in SPSS. Differences were significant on one of the variables tested - mean length of separation. The current literature in this area indicates that this is a crucial variable to consider in any examination of treatment effect and of adjustment. The mean length of separation for subjects assigned to the second treatment team ($\bar{x}$ = 38.0 months; range: ~~11.08~~ 3 — 99+ to ~~21.27~~ months) was more than double the separation period of those assigned to the first treatment team ($\bar{x}$ = 15.5 months; range: ~~33.90~~ 3 to ~~42.875~~ 53 months). In fact, the discrepancy is probably larger because time elapsed was coded in months and any separation exceeding 99 months was coded as 99. With this evidence, we felt that the research had to be considered as two separate experiments. Subjects assigned to treatment Team A would constitute

one experiment and those assigned to treatment Team B a second experiment. Analyses such as the MANOVA described earlier were performed for each group of subjects separately.

Excluding the length of separation variable, all the groups were comparable at pretest. What we could not predict nor include as a consideration in any random assignment procedure is what has come to be termed the "phenomenon of life events". This is any change, positive or negative, in circumstances which occurs between the pre and posttest that may have direct bearing on the potential gains subjects might make. Perusal of the interview material indicated the potential for twenty-two such life events:

Changes in:

1. mother's employment status
2. father's employment status
3. family's income level
4. primary source of family income
5. parents' legal status
6. significant others involved in parenting functions
7. home
8. resident parent's employment
9. friends
10. financial arrangements
11. character of spousal relationship
12. existence of separation agreement
13. consistency of child support payments
14. frequency of access
15. resident parent/child relationship
16. reconciliation attempts
17. child's extra-curricular activities
18. other events defined by the resident parent (eg. death within extended family, serious parental illness, etc.)
19. other events defined by the child (eg. increase in negative feelings about separation and divorce - sad, lonely or confused)

20. affect/behavior/demeanor as defined by child
21. counselling sought/received
22. number in household

The mean number of events per child was 7.28. The following table gives an indication of the disproportionate distribution of these events in the sample.

TABLE 38: DISTRIBUTION OF LIFE EVENTS BY CONDITION AND TREATMENT TEAM

	NUMBER OF EVENTS PER CHILD		
	Less than 7.0 (N of children)	Greater than 7.0 (N of children)	$\bar{X}$
Treatment Team A			
Condition I	6	6	7.5
Condition II	6	2	6.2
Condition III	3	6	7.6
Controls	5	6	7.4
Treatment Team B			
Condition I	4	6	7.4
Condition II	3	4	7.2
Condition III	6	2	6.3
Controls	5	5	7.2

Stolberg (1984) found that with a similar population, the occurrence of life events in the pre/post time span can reduce statistically significant findings with respect to treatment effect. For example,

Table 38 depicts the discrepancies in the children's experiences. Team A's Condition III children experienced a higher concentration of life events (in fact, six of the nine children had more than eight each) in the pre/post interval. When plots to illustrate significant findings were constructed, this group did not always show evidence of gain and sometimes performed differently than their Team B counterparts. Lack of significance, though, does not in turn indicate lack of treatment effect and life events do not obviate intervention. The consequences for researchers are critical. The need for instrumentation which takes such factors into account is clear. The final chapter of this report will deal more extensively with this issue.

SUMMARY

Examination of the data collected clearly indicates the impact of treatment. Change was observed in the predicted direction. Suppressors of significance were noted in some instances. Several factors affected the whole sample; namely, the ceiling effect, attendance, the therapeutic effect of the data collection process. Other factors including life events, length of time elapsed since the parents separated, additional counselling sought/received, were more visible in certain of the subgroups than in others. Both types of factors acted independently or in tandem to suppress additional statistically significant findings. The size of the subgroups (based on N=10 and in some cases smaller) negated the possibility of alternative statistical strategies.

E. REPORT ON THE STRUCTURED INTERVIEW DATA

The case managers utilized a specially constructed questionnaire at all three data collection points. It has yielded comprehensive information in a number of key areas including the child's experience of family change, coping repertoires and adaptive behaviors. The children's private ideas about family dissolution were also taken down verbatim by the social worker. Consultation with other investigators, as described elsewhere in this report, indicated that this interview material might prove to be far more interesting and would be much more likely to be an indicator of change. Our data seem to support the experiences of these other investigators.

We examined the interview material for each of the experimental conditions and for the control group. All questions which related to either of the two program goals of acceptance and adaptation (eg. coping) were selected for purposes of analysis. Participant feedback was also reviewed and will be discussed.

Participant Feedback

Information was collected from both the parents and the children who were exposed to intervention between the pre and posttests. A large number of the parents (37, 94.9%) indicated the program had helped them personally. Many (34, 82.9%) thought that their participation had directly enhanced the parent/child relationship. Of

those in Condition III, 16 (80.0%) commented that they had observed positive changes in their children's ability to cope with the issue of family change.

Analysis of the children's responses substantiates the parent data. Many children reported feeling nervous prior to coming to the group but, on the other hand, 26 (76.5%) responded in the affirmative to the statement "I think this might help me". The most popular aspect of the program, in the children's opinion, was the use of film (28, 82.4%).* This was followed closely by "meeting other children whose parents don't live together" (26, 76.5%), "learning about separation and divorce" (25, 73.5%) and "listening to other children talk about their families or problems" (23, 67.6%). Every child indicated that participation had been useful. Many of the children (24, 70.6%) were able to recount specific ways the resident parent/child relationship had improved as a direct result of the program. A smaller number (12, 48.0%) described positive gains in the non-resident parent/child relationship. Of those assigned to Condition III, 18 (85.7%) commented that they had observed positive changes in their resident parents' ability to cope with issues related to family change.

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* Figures in brackets that follow indicate affirmative responses

Acceptance and Adaptation - Issues for Divorce Adjustment

No standardized measure of children's divorce-specific coping behaviors was available when this experiment was designed. Several items pertaining to this facet of child adjustment were included in the structured interviews that were conducted with the families who participated in this study. A summary of the pretest findings in this regard has been included in the descriptive analysis presented earlier. As previously stated the intervention's goals were twofold: to alter children's negative expectations about divorce and to enhance and expand their coping skills repertoires. Consequently, data were collected from both the parent and the child to illustrate the following adaptive characteristics:

1. type of coping repertoire,
2. pattern of coping behaviors,
3. usual approach to stress or problems and,
4. adaptive responses to divorce-specific stresses.

A comparison procedure, CROSSTAB available through SPSS (Nie et al., 1975) was used to determine whether there were pre/post changes with respect to acceptance and adaptation. In addition, parents and children were asked about perceived changes in their children's coping during that time period. In conjunction with this line of enquiry, the children were questioned about their knowledge and use of resources, the various forms of assistance that they felt were available to them and their reconciliation fantasies. Finally they were requested to describe as many positive aspects of the divorce

experience as they could. In some instances, cell sizes were too small to permit a valid statistical test to be computed. For the sake of clarity, change has therefore been calculated as percentage gain.

For the first measure of coping, a present/absent classification was used to determine which of Luepnitz's (1979) divorce-specific coping skills parents had observed with respect to their own children. Parents were also requested to select the most common skill the children availed themselves of in this repertoire. The repertoires were classified as positive or negative (refer page 69). Treatment Team A experimental children showed no change at the posttest, 72.41% were still most frequently reported to make use of positive strategies. The Team A control group children showed evidence of a 43.64% gain, although their posttest scores indicated they were much less likely to employ positive strategies than their experimental counterparts. The treatment Team B control group children evidenced a 17.7% loss from pre to posttest. The Team B experimental children showed gain in the order of 8.84%. While their gain was not as large as other groups, overall they performed best - utilizing positive strategies much more often than any other group.

For the second measure, parents rated their children's coping pattern on a five point continuum. For comparison purposes the ratings were dichotomized using a positive and negative split. A 25.0% gain with respect to positive coping was noted in two of the experimental groups, and a 20.0% gain in a third. The three remaining

experimental conditions showed little, if any, change. On the other hand, a 50.0% loss was observed in one control group and a 12.5% gain in the other. In general, the children assigned to treatment Team B and whose parents had been separated the longest showed the greatest gain in a positive coping, 33.3%, while the treatment Team A subjects as a whole remained unchanged overall.

Thirdly, parents were asked to select their children's usual response to stressful or problematic situations from seven possibilities. Table 26 (refer page 69) indicates the choices with which parents were presented. Statistical comparisons were made utilizing the positive/negative dimidiation, and substantial gain was noted for children assigned to experimental conditions. A 14.0% gain was attributed to treatment Team A's children and a 12.0% gain to treatment Team B's children. Calculations indicate that the Team A control group actually registered a net loss of 0.09% at the posttest (more negative coping patterns at the posttest than at the pretest). The Team B control group showed no change whatsoever.

Analysis of the children's coping responses to the specific divorce engendered stresses that their parents enumerated with respect to the categories of home, employment, relationships and finances was difficult. This was not because change was not present, it was related to the formulation of the question. At the pretest, parents labelled as positive or negative the child's coping response pattern with respect to the aforementioned stress areas during the parental separation/pretest time period. The question at posttest

was similarly constructed, but related to those stresses (identical categories of home, employment, relationships and finances) which occurred between the pre and posttest. Naturally, fewer stressors were encountered - partly because of the brevity of time elapsed and also because major stressors are less common as the duration of the separation increases. A somewhat different comparison was therefore required. Response patterns at the posttest for children who had experienced a stressor in the intervening three months were compared. Positive coping responses were noted in seven of the eight experimental groups. The only group that did not exhibit a positive response pattern more frequently was Team B's Condition I children and only their parents had been seen during the intervention phase. Interestingly, the Condition II children (both teams) had an even positive/negative split. Condition III children were uniformly reported to have responded positively - 66.6% of those children in Team A and 75.0% of those children in Team B. Team A control group children favoured positive responses (indicating a gain over the pretest), while Team B control group children who experienced stressors only responded with a negative coping pattern.

Earlier in this report reference was made to client feedback about the impact of intervention on children's coping. The case managers questioned parents about their observations of their children's coping ability at the time of the posttest in comparison with coping at the pretest. While many parents indicated enhanced coping ability was observed, the most striking changes occurred in

children assigned to Condition III (either team); improvement was reported in 88.9% of children in Team A and 87.5% of children in Team B improvement was reported. Overall, the Team B children participating in the experimental conditions made a 72.0% gain over the pretest. Their control group evidenced a 50.0% gain. Team A control children made a 70.0% gain, scoring better than the Team A experimental group as a whole but not as well as the Condition III children.

A similar question was put to the children and their response pattern indicates a similar trend in the gains made but differences among the conditions. Of all children assigned to an experimental condition, only one child viewed himself as coping less well at the posttest. That child was not directly involved in the actual intervention because he was assigned to Condition I. Results for both treatment Team A and B vary numerically but adhere to the predicted outcome. The largest gains were made by Condition III children (Team A - 66.6%, Team B - 62.5%). Condition II children made the second largest gains (Team A - 50.0%, Team B - 57.14%). While none of Team A's control children indicated they were functioning at a lower level at the posttest, 81.81% described themselves as not at all changed. This statistic was different for Team B's control group. While they certainly gained less than most of the experimental groups, and one child was worse, a 50.0% gain was noted. More than half of this group was receiving counselling elsewhere during the pre/post time period. Interestingly, the parents saw their children as coping

somewhat more effectively. Team A children (separations of a shorter duration) in general made more gains (51.72%) than those children in Team B (40.0%). The parents' data indicated the reverse. The control group children's reports were also a reversal of their parents' views.

One of the primary goals of the intervention program was to alter children's negative expectations about family change. Many children emphatically stated at the pretest that there was "nothing that could help because there was nothing good about divorce." Creative therapeutic strategies were employed in an attempt to reduce what was labelled as expressions of helplessness and despair. Analysis of the data indicates that many children could, at the posttest, describe and utilize creative ideas or resources to cope with separation and divorce. No change was observed in either of the Condition II groups where only the child was seen. Both Condition III groups made gains - 22.2% for Team A children and 12.5% for Team B children. Team B's Condition I children made a 30.0% gain while Team A's showed an 8.3% loss. The control group made a 20.0% gain. Overall, the experimental children made consistently more gains. It is also important to note that 40.0% of the Team B control group was receiving concurrent counselling during the pre/post time period.

When the issue of despair was explored, children in the experimental groups consistently made gains that were twice as great as control group children. For example, Team A's children made a 20.69% gain and Team B's children a 24.0% gain. The former's control

group made an 11.1% gain and the latter's a 10.0% gain. No change was observed in Team B's Condition I children. The largest single gain (50.0%) was made by Team B's Condition III children, while Team A's Condition I children had a net gain of 41.67%.

A final yardstick that was incorporated into our enquiry was an investigation of the frequency of the children's reconciliation fantasies. Again, children in the experimental group (either team) showed considerably more evidence of gain than those children in either control group. In fact the pattern of gain was almost identical for both teams. Table 39 below indicates the percentage of children reporting reconciliation fantasies in the categories stated. To reduce the complexity of the figures, the experimental groups have been combined and averaged due to the similarity in their results. The control groups are presented separately because they differed. Only one set of figures is included for the Team B control children, an no change was observed.

TABLE 39: FREQUENCY OF CHILDREN'S RECONCILIATION FANTASIES

	% Experimental Group		% Control Groups		
			Team A		Team B
	Pretest	Posttest	Pretest	Posttest	
"How often do you think about your parents getting back together?"					
Frequently	20.30	5.44	20.00	27.00	20.00
Sometimes	44.40	49.86	44.00	54.50	30.00
Never	35.24	44.68	36.00	18.18	50.00

There was minimal, if any, improvement in the Team A control group. While the percentage of those children reporting frequent reconciliation thoughts declined, so did the percentage of children falling into the "never" category. Substantial gains were observed for both experimental groups.

SUMMARY

The interview material indicates the ability of the intervention to meet its goals of promoting acceptance and supporting adaptation. Parent and child responses follow the predicted pattern: experimental group children showed greater evidence of gain than control group children and Condition III children in several instances made the best

improvements. Three of the four items examining children's coping clearly indicate the consistency in gains made by experimental group children. Experimental group children were also able to delineate the specific aspects of the treatment program which had been most helpful. Their comments support findings currently emerging in the literature (Isenberg and Scherman, 1984; Kurdek, 1981; Kurdek and Siesky, 1980).

CHAPTER V: SUMMARY AND IMPLICATIONS

The focus of this report has been to describe the findings of an investigation of treatment effectiveness with a particular population, children in separating and divorcing families. Evidence was presented to support the contention that family dissolution is an issue of national significance and is likely to remain so in years to come. A particular model for intervention was developed. It is viewed as one possible strategy available to assist children to cope more effectively with changes in family structure as they proceed through the various stages in the "recovery trajectory" of the divorcing process (Wallerstein, 1983). The central theme underlying the preceeding chapters of this report has been, "what constitutes and promotes healthy adjustment for children who experience family dissolution?" This final chapter will draw conclusions from the work completed in order to address this crucial question. This task will be approached from three separate perspectives: strategies for intervention, related organizational factors, and issues concerning access to families and the applicability of strategies that encourage child adjustment.

A. INTERVENTION PROGRAM

It is our view that in time most children of divorced parents will show evidence of behavioral and/or emotional change or, in other words, adjustment to and acceptance of parental separation. Wallerstein (1983) has indicated the probable time parameters associated with the tasks she proposes are part of the adjustment

process. We support her contention that successful adjustment is a process involving several tasks and requiring considerable time to work through. The primary purpose of the intervention described therefore is to reduce the period in which the trauma's full effects are experienced and to minimize related stress. The central tenet of this is the notion of primary prevention. Facilitation of an individual's progression through the recovery trajectory is further advanced by broadening the repertoire of skills and responses available for coping with divorce-specific experiences. A third, albeit long-range goal, is the generalization of the enhanced coping repertoire to other situations in life.

Some of the improvements noted in the children who participated in this research project could be accounted for by the passage of time, maturation, and the impact of the data collection process. The research showed that, overall, those children assigned to experimental conditions showed evidence of greater gain with respect to the program goals of acceptance and adaptation. Secondly, their improvement encompassed more areas of functioning than did that of the control group children. This conclusion is particularly true with respect to the measures of coping that were included in the structured interview.

Previous chapters of this report described differences between groups that were obtained through statistical analyses. For example, at the posttest, children assigned to experimental conditions scored

significantly better than did those in the control group with regard to classroom disturbance (behavioral), the parent's view of achievement orientation and child's view of control (dimensions of family environment), type of coping repertoire, child's usual response to stress, and divorce-specific coping.

The findings have demonstrated that for the majority of children who experience family change, long-term traditional psychotherapy is not warranted. We are able to conclude that it is possible to achieve the overall goals of acceptance and adaptation with a number of intervention strategies. Furthermore, different strategies are required for the various stages in the recovery trajectory. We have never advocated the concept of a single intervention strategy. The results of this study have emphasized the importance of being able to offer a series of interventions with universal applicability.

We would strongly argue for the development of an armamentarium of interventions with a preventative orientation suitable for use with families experiencing separation and divorce. Such a response should include a blend of traditional and innovative programs. For example, short-term group intervention, computer assisted instruction, panel discussions, public forums and other single information events, bibliotherapy, family-centered interventions and mediation services. Kurdek (1981) set the stage for such a view when he suggested that adjustment stems from the interplay of macrosystem, exosystem and ontogenic system factors. Professional knowledge has not yet advanced to the point where we are able to predict with a fair degree of

certainty which of these approaches is best suited to which clients and at what point. An important next step will be to design research projects that can identify and profile children and other family members who benefit most from the various interventions. The results of such research will make an important contribution to professional expertise on three fronts. Firstly, the assessment function with individual families will have more specific direction and guidance to ensure the provision of the most appropriate service possible. Secondly, expanded knowledge about the relative merits of different interventions will assist administrators to develop a range of services which are cost effective and make best use of the limited resources available.

Thirdly, such information emanating from Canadian experiences will be vital to understanding the implications of family law for adjustment after marital separation. The application and utilization of results stemming from research conducted in the United States may not be applicable in Canada or, as is more likely, may require modification. For example, in California it is possible for a couple to separate and complete divorce proceedings within six months. Furthermore, there need not be grounds upon which to base the divorce petition. This is not the case in Canada. It generally takes considerably longer to obtain in this country. The majority of couples who divorce, petition for their decree on the grounds of "living apart for more than three years". Litigation therefore occurs three and four years (or more) after the original separation decision was

made. It is not at all clear what the implications of this are for promoting healthy adjustment for the children or for their parents. The nature of our system raises questions about the optimal time for various types of intervention and their delivery.

Accomplishing the goals outlined will be made more difficult by the decided lack of adequate instrumentation. Preliminary research may well be required to develop measurements that can identify adaptation to life crisis events such as marital separation. The instruments currently available tend to have psychopathology as their focus. Standardized measurements (for example, Coopersmith's self-esteem inventories) attempt to identify specific personality traits or maladaptive behaviors. The only instrument available at the outset of this research to measure attitude to parental divorce was the C.A.P.S.I. (Berg, 1979). We have concluded that this is an inadequate instrument for research purposes. The C.A.P.S.I., as similar to other standardized measurements, was insensitive to changes that were identified by the parent, the child or the social worker. Instruments are required which take into account life events and potential mediating variables such as social supports, resources, parenting patterns, the level of spousal conflict, parental adjustment and parent/child contact.

B. ORGANIZATIONAL FACTORS

Agencies and other groups prepared to take on the responsibility of responding to the needs of a vulnerable group, separating families, will need to be cognizant of the interface between the education and therapeutic functions inherent in the provision of services. The maintenance of a harmonious balance between these functions must be uppermost in the minds of those planning the range of services to be offered in order to minimize the potential for a conflict of interests. It will affect the very nature of the client/agency relationship from the initial telephone call to termination. Both the implicit and the explicit contract will be dictated by this balance.

Canadian statistics, as well as those in other countries, indicate that the rates of divorce and marital separation are continuing to rise. Increases in the divorce rates may make this life event more socially acceptable and seemingly less newsworthy. Nevertheless, the divorce experience is not made any easier. There is no comfort to be gained from knowing a third of all Canadian couples will divorce. And, the necessity of developing and providing adequate services to assist families to cope is highlighted by the increase in numbers. The growth of this phenomenon in Canadian society does however permit speculation that there may be greater opportunity for introducing innovative interventions in non-traditional counselling settings. For example, the workplace may well prove to be ideally suited to

forums and panel discussions concerning "Coping with marital separation" or the "Effects of divorce on children". Agencies and mental health professionals need to examine closely what new roles may be open to them as they continue to work at ensuring service delivery is relevant. The need is again apparent for a range of standardized interventions suitable for use in a variety of locations and appropriate to different points in the recovery trajectory.

C. ACCESS AND APPLICABILITY

Our experience with this particular research endeavour has permitted the identification of several crucial issues which will confront agencies engaged in service delivery. All of these issues are related to maximizing access to families and the applicability of mental health services for those separating and divorcing. Each will be addressed in turn.

The first issue we identified is that of reaching children whose parents do not recognize their need for assistance or who will not for a variety of reasons bring them for such help. A related concern is that of dealing with parents who will not participate. For example, one family who approached the Agency for more information about the research project proceeded through the intake and pretest phases of the data collection process. The parents had separated approximately nine months prior to our initial contact, however communication between

them on any subject was still difficult. This family, as it happens, was assigned to Condition II where only the children participated in treatment between the pre and posttest. When the social worker telephoned to advise the mother (resident parent) about details concerning the children's groups, she refused permission for her children to attend. No amount of support and encouragement from either the social worker or the principal investigator was able to persuade this mother to allow her children to participate. The case manager assigned to this family felt strongly that both boys were very vulnerable to divorce engendered stress, were enmeshed in the continued and open parental conflict and unable to accept the finality of the separation. This assessment was substantiated in the interview with the children's teachers. The mother's final comment to the social worker was "I think the groups are a good idea. I just can't handle it right now".

This example once again illustrates the importance of the armamentarium approach presented earlier. Perhaps, in cases such as this, a different intervention strategy may have proven to be useful (ie. computer assisted instruction or bibliotherapy). This is not to say either of these alternative suggestions for intervention is superior, but they may well have been appropriate and offered some support for the children in the short term. The difficulty of reaching children themselves is also embedded in this example. These children had initially expressed enthusiasm and interest in the group program. They quickly followed their mother's lead and changed their opinion

about participating. Advertising geared to children directly is difficult to do and can be fraught with problems. In our experience, schools (who have greatest access to children) have been most reluctant to distribute even innocuous brochures about the program or display posters on bulletin boards.

A second issue to consider is the involvement of the non-resident parent. Our ongoing clinical program will be open to both resident and non-resident parents as of September 1984. We are currently grappling with how to involve the parent who has not made the initial contact, the fees and the logistics of the assessment and follow-up aspects of the program. Prior to now, the resident parent paid for the family's participation. Fees were not charged for families involved in the research project. With regard to involving the parent who has not contacted us, Family Service Association is a voluntary Agency and it is our policy to have clients contact us initially. Typically we would suggest that one parent tell the other parent about the program. That may not be an advisable strategy in these sorts of cases.

Finally, we are aware of the implications of both cultural and regional differences which may impede the development of services across the country. For example, a group intervention such as the one described in this report may not be feasible in more remote parts of the country. The syllabus for the intervention may need adapting if the program is to be used in communities with a different cultural mix. The sample obtained for this research project represents a

cross-section of the community in terms of socio-economic level and ethnicity. However, English was the first language of all the children and the vast majority of them had been born in this country. We have since offered this program in a suburb of Metropolitan Toronto and attracted an even more diverse client population. The model, in our opinion, was successfully transferred to that community but the treatment teams delivering the service unanimously indicated the need to extend the program two or three sessions. We are not able to speculate as to issues related to cultural or regional differences without specific knowledge of the community. The need for further research as to such issues is clearly indicated.

SUMMARY

In this chapter we have raised several issues relevant to the delivery of services for the target population. The intervention described earlier in this report is a successful method for assisting children to cope more effectively with parental separation and divorce. This program should be considered as one resource within a range of strategies which ought to be available to mental health professionals. Resources will need to be planned in order to develop and assess innovative services that will ensure availability and regional appropriateness.

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